

Indiana Housing Finance Authority

INTENT TO SUBMIT FORM

Failure to provide this form by the appropriate deadline will disqualify an application from consideration for funding during that funding round. If you have questions about how to complete this form, contact your Development Specialist at (800) 872-0371.

A. FUNDING ROUND (CHECK ONE): ☐ Round 1 ☐ Round 2 ☐ Round 3

B. APPLICANT (CHECK ONE):

- | | | |
|---|--|--|
| <input type="checkbox"/> Local Unit of Government | <input type="checkbox"/> Not-For-Profit (non-CHDO) | <input type="checkbox"/> Public Housing Authority |
| <input type="checkbox"/> Township | <input type="checkbox"/> State-Certified CHDO | <input type="checkbox"/> Joint Venture Partnership |
| <input type="checkbox"/> For-Profit Entity | | |

Applicant Legal Name: _____ Federal ID#: _____

Street/P.O. Box: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Fax: _____

Chief Executive Officer: _____ Email: _____

Contact Person/Title: _____ Email: _____

C. CHECK ONE: ☐ SUBRECIPIENT OR ☐ ADMINISTRATOR

Organization: _____ Federal ID#: _____

Street/P.O. Box: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Fax: _____

Contact Person/Title: _____ Email: _____

D. APPLICATION PREPARER:

Organization: _____ Federal ID#: _____

Street/P.O. Box: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Fax: _____

Contact Person/Title: _____ Email: _____

E. ACTIVITY TYPE/FUNDING SOURCE: Place an "X" next to the appropriate activity type.

- | | | |
|--|---|--|
| <p><u>CDBG</u></p> <p><input type="checkbox"/> Emergency Shelter</p> <p><input type="checkbox"/> Youth Shelter</p> <p><input type="checkbox"/> Transitional Housing - Rehabilitation</p> <p><input type="checkbox"/> Migrant/Seasonal Farm Worker Hsg.</p> <p><input type="checkbox"/> Rental Rehabilitation</p> <p><input type="checkbox"/> Owner-Occupied Rehabilitation</p> | <p><u>HOME</u></p> <p><input type="checkbox"/> Transitional Housing</p> <p><input type="checkbox"/> Rental</p> <p><input type="checkbox"/> Homebuyer</p> <p><input type="checkbox"/> Owner-Occupied Rehab.</p> <p><input type="checkbox"/> Homeownership Counseling/Down Payment Assistance</p> | <p><u>Trust Fund</u></p> <p><input type="checkbox"/> Emergency Shelter</p> <p><input type="checkbox"/> Youth Shelter</p> <p><input type="checkbox"/> Transitional Housing</p> <p><input type="checkbox"/> Migrant/Seasonal Farm Worker Hsg.</p> <p><input type="checkbox"/> Rental</p> <p><input type="checkbox"/> Homebuyer</p> <p><input type="checkbox"/> Owner-Occupied Rehabilitation</p> |
|--|---|--|

F. NUMBER OF UNITS: (or beds for emergency shelters, youth shelters, and migrant/seasonal farm worker housing)

	New Construction	Rehabilitation	Rehabilitation / Refinance	Acquisition/Down Payment Assistance	Total Units
Assisted Units					
Non-Assisted Units					
Total					

G. AMOUNT OF REQUEST: HOME/CDBG: \$_____ TRUST FUND: \$_____

H. APPLICANT REQUESTS A TECHNICAL ASSISTANCE MEETING WITH A DEVELOPMENT SPECIALIST

☐ Yes ☐ No

Indiana Housing Finance Authority
HOUSING FROM SHELTERS TO HOMEOWNERSHIP
APPLICATION COVER PAGE

A. APPLICANT (check one):

- | | | |
|---|--|--|
| <input type="checkbox"/> Local Unit of Government | <input type="checkbox"/> Not-For-Profit (non-CHDO) | <input type="checkbox"/> Public Housing Authority |
| <input type="checkbox"/> Township | <input type="checkbox"/> State-Certified CHDO | <input type="checkbox"/> Joint Venture Partnership |
| <input type="checkbox"/> For-Profit Entity | | |

Legal Applicant: _____
 Street/P.O. Box: _____
 City: _____ State: _____ Zip: _____ County: _____
 Phone: _____ Fax: _____ Federal ID#: _____
 Chief Executive Officer: _____ Email: _____
 Contact Person/Title: _____ Email: _____

B. CHECK ONE: SUBRECIPIENT ☐ OR ADMINISTRATOR ☐ (if already properly procured)

Organization: _____
 Street/P.O. Box: _____
 City: _____ State: _____ Zip: _____ County: _____
 Phone: _____ Fax: _____ Federal ID#: _____
 Contact Person/Title: _____ Email: _____

C. APPLICATION PREPARER:

Organization: _____
 Street/P.O. Box: _____
 City: _____ State: _____ Zip: _____ County: _____
 Phone: _____ Fax: _____ Federal ID#: _____
 Contact Person/Title: _____ Email: _____

D. ACTIVITY TYPE/FUNDING SOURCE: Place an "X" next to the appropriate activity type.

- | | | |
|--|---|--|
| <input type="checkbox"/> <u>CDBG</u> | <input type="checkbox"/> <u>HOME</u> | <input type="checkbox"/> <u>Trust Fund</u> |
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Transitional Housing | <input type="checkbox"/> Emergency Shelter |
| <input type="checkbox"/> Youth Shelter | <input type="checkbox"/> Rental | <input type="checkbox"/> Youth Shelter |
| <input type="checkbox"/> Transitional Housing - Rehabilitation | <input type="checkbox"/> Homebuyer | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Migrant/Seasonal Farm Worker Hsg. | <input type="checkbox"/> Owner-Occupied Rehab. | <input type="checkbox"/> Migrant/Seasonal Farm Worker Hsg. |
| <input type="checkbox"/> Rental Rehabilitation | <input type="checkbox"/> Homeownership Counseling/
Down Payment Assistance | <input type="checkbox"/> Rental |
| <input type="checkbox"/> Owner-Occupied Rehabilitation | | <input type="checkbox"/> Homebuyer |
| | | <input type="checkbox"/> Owner-Occupied Rehabilitation |

E. NUMBER OF UNITS: (or beds for emergency shelters, youth shelters, and migrant/seasonal farm worker housing)

	New Construction	Rehabilitation	Rehabilitation / Refinance	Acquisition/Down Payment Assistance	Total Units
Assisted Units					
Non-Assisted Units					
Total					

F. FUNDING SUMMARY:

HOME/CDBG Request Trust Fund Request Other Funds Total Costs
 \$ _____ + \$ _____ + \$ _____ = \$ _____

FOR OFFICE USE ONLY:	Date Received:	Time Received:	By:
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APPLICATION TABLE OF CONTENTS

PAGE #	Tab	Document Description and Order of Submission
	N/A	Cover Page
	N/A	Table of Contents
	N/A	Exhibits 1-21 (Including Resolution Authorizing Application Submittal and Committing to Match/Leverage Funds or Borrowing Resolution for Trust Fund Loans* and Fully Executed Assurances and Certifications*)
	N/A	Self-Score Sheet
	A	Additional Representatives of Counties Served
	B	IRS Determination Letter for Not-for-Profit Corporations / Certificate of Existence / Partnership Agreement for Joint Ventures
	C	Service Area Map with Census Tracts / List of Addresses from Exhibit 10, A, 1, c.
	D	Option to Purchase or Warranty Deed / Letter of Commitment from Subgrantee
	E	Environmental Review Record and Section 106 Concurrence Letter
	F	Program Guidelines
	G	Letter of Commitment for Refinancing the Trust Fund Loan / Payoff Letter for Loan that will be Refinanced with HOME Funds
	H	Letter of Cooperation from Agency Serving Special Needs Populations
	H	Letter from Property Owner Agreeing to Target and Give Preference to Special Needs Populations
	I	Site and Floor Plan of Development on 8-1/2" X 11" paper
	J	Indiana Historic Preservation Officer Declaration
	K	Memorandum of Understanding for Services / Letter from Federal Agency Regarding Loss of Low-Income Housing / Letter from Agency Committing to Provide IDAs
	L	Letters of Commitment for Sources of Funds (permanent financing, grants, cash donations, and/or construction financing)
	L	Letters of Commitment for Sources of Match (BMIR, description of supportive services, tax abatement/exemption, monetary government participation, and/or waived PMI)
	M	Letter from the Federal Emergency Management Agency Regarding Declared Disaster Area
	N	Pertinent Sections of Housing Needs Assessment, Feasibility Study, or Market Study / Appraisal / Zoning Approval / and Title Search
	O	Pertinent Sections of Strategic Business Plan or Comprehensive Community Plan
	P	Certificate of Completion for Housing Development Certification and Training
	Q	Audited Financial Statements or Tax Returns for Past Three Years
	R	List of Clients that have Completed the Intake Process
	S	Letter of Notification to Chief Elected Official of Local Unit of Government
	S	Letter of Support from Local Unit of Government
	T	MBE/WBE Certification Documentation
	U	Copies of URA Displacement Notification Letters and Mail Receipts
	V	Citizen Participation Documentation for CDBG Applications Only
	W	Appendix G: Rental Development Package – 15-Year Proforma / Non-IHFA Utility Allowance Chart
	W	Appendix G: Rental Development Package – Financial History of Units to be Refinanced with HOME Funds / Non-IHFA Utility Allowance Chart
	W	Appendix G: Commercial Development Package – 15-Year Proforma
	W	Appendix H: Supplemental Development Package / Non-IHFA Utility Allowance Chart
	W	Appendix I: Single Family Development Package
	X	Other:
	Y	Other:

* Original signatures are required on the original application form.

EXHIBIT 1: APPLICATION SUMMARY

A. Primary County Served by Activity: _____
Other Counties Served by Activity: _____

B. Housing Program Name (if any): _____

Address (if known): _____

C. Elected Representative of Primary County:

Federal Congressional District(s):	_____	Name(s):	_____	Phone:	_____
State House District(s):	_____	Name(s):	_____	Phone:	_____
State Senate District(s):	_____	Name(s):	_____	Phone:	_____

Attach a list of additional representatives if serving more than one county in TAB A.

D. CHDO Eligible Activity

The answer to each of the following questions must be yes for the proposed activity to be a CHDO-eligible activity.

Is the applicant a state-certified CHDO? ☐ Yes ☐ No

Is this housing activity a CHDO eligible activity? (e.g., homebuyer, rental, or transitional) ☐ Yes ☐ No

Will the applicant (check one)

◆ Own, ☐ Yes ☐ No

◆ Develop, or ☐ Yes ☐ No

◆ Sponsor the development? ☐ Yes ☐ No

Is this housing activity located in the applicant's state-certified CHDO Service Area? ☐ Yes ☐ No

E. Not-For-Profit Involvement

Applicants that are not-for-profit corporations organized under section 501(c)3 or 501(c)4 of the Internal Revenue Code, but not also state-certified Community Housing Development Organizations (CHDOs), must include a copy of their IRS determination letter with the application in TAB B. Check here if enclosed ☐.

F. Subgrantee

Will the applicant be utilizing the award to assist property owned by an entity other than the applicant or subrecipient? ☐ Yes ☐ No

If yes, enclose a letter of commitment from the subgrantee in TAB D. See sample letter in Appendix V.

Indicate the name and address below of each subgrantee. Attach additional sheets if necessary.

1) Check one: ☐ For-Profit Entity ☐ Not-For-Profit ☐ Public Housing Authority
Legal Name: _____ Federal ID#: _____
Street/P.O. Box: _____
City: _____ State: _____ Zip: _____ County: _____
Phone: _____ Fax: _____
Chief Executive Officer: _____ Email: _____

2) Check one: ☐ For-Profit Entity ☐ Not-For-Profit ☐ Public Housing Authority
Legal Name: _____ Federal ID#: _____
Street/P.O. Box: _____
City: _____ State: _____ Zip: _____ County: _____
Phone: _____ Fax: _____
Chief Executive Officer: _____ Email: _____

3) Check one: ☐ For-Profit Entity ☐ Not-For-Profit ☐ Public Housing Authority
 Legal Name: _____ Federal ID#: _____
 Street/P.O. Box: _____
 City: _____ State: _____ Zip: _____ County: _____
 Phone: _____ Fax: _____
 Chief Executive Officer: _____ Email: _____

G. Joint Ventures (joint venture applicants only)

Is this housing activity a joint venture of a HOME-eligible applicant and a for-profit entity? ☐ Yes ☐ No

- 1) If yes, the partnership should be the legal applicant named on the applicant cover page.
- 2) If yes, indicate the names and addresses of each partner below. Attach additional sheets if necessary.

Partner #1 (check one)

☐ Local Unit of Government ☐ Not-For-Profit (non-CHDO) ☐ Public Housing Authority
☐ Township ☐ State-Certified CHDO ☐ For-Profit Entity
 Applicant Legal Name: _____ Federal ID#: _____
 Street/P.O. Box: _____
 City: _____ State: _____ Zip: _____ County: _____
 Phone: _____ Fax: _____
 Chief Executive Officer: _____ Email: _____

Partner #2 (check one)

☐ Local Unit of Government ☐ Not-For-Profit (non-CHDO) ☐ Public Housing Authority
☐ Township ☐ State-Certified CHDO ☐ For-Profit Entity
 Applicant Legal Name: _____ Federal ID#: _____
 Street/P.O. Box: _____
 City: _____ State: _____ Zip: _____ County: _____
 Phone: _____ Fax: _____
 Chief Executive Officer: _____ Email: _____

- 3) Will the eligible applicant partner own at least 51% of the profits, losses, capital, and other economic benefits to be derived from the development (including developer fees)? ☐ Yes ☐ No
- 4) Will the eligible applicant partner maintain at least 51% of the voting and management control of the development? ☐ Yes ☐ No
- 5) A copy of the partnership agreement indicating the ownership interest and responsibilities of each partner is enclosed in TAB B. Check here: ☐

H. Entities Organized Under the State of Indiana

Applicants that are entities organized under the State of Indiana must provide proof of good standing with the Indiana Secretary of State by enclosing a copy of their Certificate of Existence that is no more than 12 months old in TAB B. Check here if enclosed ☐.

I. Have any prior applications been submitted to IHFA for this development or activity? ☐ Yes ☐ No

If yes, please list the date of the prior application and indicate the information that has changed from the prior application.

J. Entitlement Communities and Participating Jurisdictions

Is the proposed housing activity located within a CDBG Entitlement Community ☐ Yes ☐ No
 Is the proposed housing activity located within a HOME Participating Jurisdiction ☐ Yes ☐ No
 (See Eligible Applicants section for a list of Entitlement Communities and Participating Jurisdictions.)

K. Site Visit: Has your IHFA Development Specialist conducted a site visit for this housing activity? ☐ Yes ☐ No
If yes, date completed: _____

L. Map of Service Area
If the proposed housing activity involves a specific site (i.e., not HOC/DPA), please provide a map that clearly shows the housing activity location(s) and include photos of the site in TAB C.

M. Site Control
Does the (check one) applicant ☐, subrecipient ☐, or subgrantee ☐ own the property, have an option to purchase the property, or have a commitment to donate the property that will be assisted with this award? ☐ Yes ☐ No

If yes, enclose a copy of the warrantee deed, option agreement, or letter of commitment to donate the property in TAB D. If a subgrantee is involved, the applicant must enclose a letter from the subgrantee indicating they are willing to participate in the program and abide by all the rules and regulations associated with the IHFA award. See a sample letter in Appendix V. Failure to obtain site control prior to application submission will force applications for emergency shelters, youth shelters, migrant/seasonal farm worker housing, transitional housing, and rental housing to fail threshold.

- N. Environmental Review
- 1) Has the applicant, except those for acquisition only and homeownership counseling/down payment assistance (HOC/DPA), completed the environmental review (ER), release of funds process for this application? ☐ Yes ☐ No ☐ Not applicable
 - o If yes, enclose your environmental review record in TAB E.
 - 2) Is the publisher's affidavit indicating the applicant has published a request for release of funds enclosed? (**Local unit of government applicants only**) ☐ Yes ☐ No ☐ Not applicable
 - o If no, check here that the publisher's affidavit will be submitted within 14 days of application submission. ☐
 - 3) Has the applicant, for a single site housing activity only, completed the Section 106 review process and submitted the appropriate documentation to your Development Specialist? ☐ Yes ☐ No ☐ Not applicable
 - o If yes, enclose the response letter from DNR-DHPA indicating they concur with your findings in TAB E.
 - 4) See Appendix A, Environmental Review Procedures, for further information. If the answer to either question #1 or #3 above is no, the application will fail threshold.

O. Time Elapsed vs. Funds Drawn on Existing Awards (Trust Fund applicants or applicants with no prior awards – not applicable ☐)
The applicant, subrecipient, and administrator must pass IHFA's performance evaluation of time elapsed versus funds drawn as of the application deadline for all open, non-expired HOME or CDBG Housing from Shelters to Homeownership or HOME/RHTC grants for which it serves as an applicant, subrecipient, or administrator. This is calculated by taking the percent of time an award has been open and subtracting the percent of funds that have been expended. Funds expended will only count if the draw request is received by IHFA by the application deadline. Only whole months that have expired will be counted. An award is considered open on the date the agreement is signed by IHFA's Executive Director. A six-month grace period will be allowed for new awards (i.e., any award that is 6 months old or less will not be required to meet these same criteria).

Table Grade equals: -% = **Good**; 0-15% = **Acceptable**; 16-30% = **Poor**; >30% = **Unacceptable**
Good and acceptable ratings will pass threshold. Applicants, subrecipients, or administrators with unacceptable performance will fail threshold. Applicants, subrecipients, or administrators with a poor rating will be carefully reviewed to determine performance capability.

Award Number	# of months award open	divided by	Award Term	Minus	Funds expended	divided by	Total award amount	Perf. %	Grade
		/		-		/			
		/		-		/			
		/		-		/			
		/		-		/			

P. Twelve Month Award Cap

How many counties are in the applicant's services area? _____

How many counties are served by the proposed housing activity? _____

List below all awards that the applicant has received from IHFA in the last 12 months through the Housing from Shelters to Homeownership or HOME/RHTC program. If the total amount plus the award request amount would exceed the award caps identified in #5 of the Threshold Criteria, the application will fall threshold.

Award Date	Award Number	Award Amount
	Total	

Q. Fair Housing

What action will be taken during the timeframe of the housing activity to affirmatively further fair housing in the jurisdiction being served? *(An action to affirmatively further fair housing will be required for all awards to local units of government and township applicants only.)* **(Not-for-profit, public housing authority, for-profit entity, or joint venture not involving a local unit of government applicant – not applicable ☐)**

☐ Adopt a fair housing ordinance

☐ Create and/or distribute fair housing brochures

☐ Update fair housing ordinance

☐ Hold a fair housing seminar

☐ Other: _____

R. Foundations Award

1) Has a CHDO Predevelopment Loan, CHDO Seed Money Loan, or Trust Fund Seed Money Loan previously been approved for this development? ☐ Yes ☐ No

o If yes, complete chart below:

IHFA Program	Award Number	Indicate Repayment Source
IHFA CHDO Predevelopment Loan		
IHFA CHDO Seed Money Loan		
Trust Fund Seed Money Loan		

2) Did the applicant or any other organization receive an IHFA award to determine feasibility of this undertaking or assess the housing needs of the proposed service area within the last 5 years? ☐ Yes ☐ No

o If yes, complete the chart below:

IHFA Program	Award Number	Grantee Name
CDBG Housing Needs Assessment		
CDBG Feasibility Study		

S. Program Guidelines
 Applicant has enclosed a copy of their program guidelines in TAB F. ☐ Yes ☐ No
 See Appendix S for directions on what information should be included in the program guidelines. If no, the application will fail completeness.

T. Housing Activity Timeline
 Indicate the month and year in which the following activities will take place. Month/Year

Repayment of IHFA Predevelopment and/or Seed Money Loan _____

Acquisition Date _____

Construction Start Date: _____

Construction End Date: _____

Submission of final draw request, completion report, and closeout paperwork: _____

Award Expiration Date (Months from IHFA's Board Award Date: 18 for CDBG, 24 for HOME and varies for Trust Fund) _____

(HOC/DPA and owner-occupied rehabilitation activities for questions U. – X. below – not applicable ☐):

- U. Development Packages
- 1) Has the applicant for homebuyer activities enclosed the completed Single Family Development Package found in Appendix I? If yes, place in TAB W. ☐ Yes ☐ No ☐ Not Applicable
 - 2) Has the applicant for emergency shelters, youth shelters, migrant/seasonal farm work housing, or transitional housing enclosed the completed Supplemental Development Package found in Appendix H? If yes, place in TAB W. ☐ Yes ☐ No ☐ Not Applicable
 - 3) Has the applicant for rental housing enclosed the completed Rental Development Package found in Appendix G? If yes, place in TAB W. ☐ Yes ☐ No ☐ Not Applicable
 - 4) Has the applicant for rental housing that will also contain commercial space, enclosed a completed Appendix G: Rental Development Package for the commercial space only. If yes, place in TAB W. ☐ Yes ☐ No ☐ Not Applicable
 - 5) Has the applicant for HOME Rental/Rehabilitation/Refinance enclosed a completed Appendix G: Rental Development Package providing a financial history of the property to be assisted by the loan. If yes, place in TAB W. ☐ Yes ☐ No ☐ Not Applicable
 - 6) If you answered no to any of the above questions, the application will fail completeness.

V. Zoning
 Is the site properly zoned for your type of development? ☐ Yes ☐ No
 If no, is site currently in the process of being rezoned or a variance obtained? ☐ Yes ☐ No
 When is the zoning or variance issue going to be resolved? _____

W. Utilities on Site
 1) Are all utilities presently available to the site? ☐ Yes ☐ No

- 2) If no, which utilities need to be brought to the site? _____
- 3) Who has responsibility for bringing the utilities to the site? _____
- 4) When will this take place (month/year)? _____
- 5) Has this development received, or do you anticipate applying for, Federal funds? ☐ Yes ☐ No
 a. If yes, complete chart below:

Funder	Award Number	Award Amount	Indicate the increased value of the development as a result of this award.
<input type="checkbox"/> IDOC – Community Focus Fund			
<input type="checkbox"/> Other (list):			
<input type="checkbox"/> Other (list):			

X. Brownfield Redevelopment

Will this housing activity involve the redevelopment of an industrial or commercial property that is abandoned, inactive, or underutilized, on which expansion or redevelopment is complicated due to actual or perceived environmental contamination?

☐ Yes ☐ No ☐ Not Sure

If yes, has the Indiana Department of Environmental Management done a site assessment of the environmental contamination?

☐ Yes ☐ No

EXHIBIT 2: HOUSING ACTIVITY NARRATIVE

(Please limit your answer to 1 page. One additional page will be allowed if necessary and 10 point font or larger type is utilized.)

Provide a concise overview of this specific housing activity, its location, and its goals. Describe if this is a new undertaking or an expansion of an existing program. Please do not repeat information provided in other sections of the application.

EXHIBIT 3: PROPOSED LOAN TERMS
(For Trust Fund Loans or HOME Rental/Rehabilitation/Refinance applications ONLY)

A. Proposed Loan Terms

Proposed Interest Rate: _____% (Applicants are strongly encouraged to consider interest rates of at least four percent [4%].)

Amount Requested: _____ Proposed Term: _____years (Not to exceed 7 years)

Proposed Amortization Period: _____years Balloon Payment Amount: \$_____

B. When do you anticipate that you will begin drawing the funds?

Indicate month and year: _____

C. Repayment Schedule (check one)

- ☐ Quarterly
☐ Semi-Annually
☐ Annually
☐ Other: _____

D. Repayment Plan

1) **Construction Loan (Trust Fund Only)**

- ☐ Simple interest only payments with a full balloon payment at the end of the term
☐ Simple interest payments during construction with partial balloon payments at the sale of each unit
☐ Other: _____

2) **Construction Loan that Converts to Short-Term Permanent Financing (Trust Fund only)**

- ☐ Simple interest only payments during construction with fully amortized principal and interest payments beginning at construction completion through the end of the term (no balloon payment)
☐ Simple interest only payments during construction with a partial balloon at construction completion and then principal and interest payments with another balloon payment at the end of the term
☐ Simple interest only payments during construction and principal and interest payments beginning at construction completion with a balloon payment at the end of the term
☐ Other: _____

3) **Short-Term Permanent Financing (Trust Fund or HOME Rental/Refinance)**

- ☐ Fully amortized principal and interest payments (no balloon)
☐ Principal and interest payments with a balloon payment at the end of the term
☐ Other: _____

E. Source of Repayment

Explain the loan repayment plan including the source of the loan refinancing. If you are proposing a balloon repayment at the end of the loan term, you must provide written evidence of financing that will repay the balloon amount in TAB G. If you are proposing to pay off the loan with a source of funds other than a new mortgage indicate below:

Name of Lender: _____

Amount of Loan: _____ Interest Rate: _____ Term: _____

Amortization Period: _____ Required Debt Coverage Ratio: _____

F. Security

Explain the pledge of security for the loan, IHFA's security position (1st position, 2nd position, etc.), and whether the security is free and clear of liens.

G. Was there previously a Trust Fund loan for this same development? ☐ Yes ☐ No

If yes, indicate the loan number: TF-_____

H. Enclosed is a letter from the lender whose loan will be repaid with the HOME award in TAB G. This letter indicates the payoff amount as of the IHFA board award date and that all payments on the loan are current. A copy of the loan payment history should also be attached. Enclosed check here: ☐

J. Does the applicant currently have any open, unexpired Trust Fund Loans? ☐ Yes ☐ No
If yes, indicate the award number and outstanding balance below. If the total outstanding balance plus the award request amount exceeds \$750,000, the applicant will fail threshold.

Award Number	Loan Maturity Date	Outstanding Loan Amount as of Application Due Date
	Total	

EXHIBIT 4: CONSTITUENCY SERVED

A. Affordability for Mixed Income Beneficiaries [15 points maximum]

Award recipients will be held to the unit commitment in their agreement. Changes will require prior IHFA approval.

	# of Eligible, But Non-Assisted Units	# of Non- Assisted Units	IHFA-Assisted	
			# of units	% of Total
Market Rate Units				
60.1% - 80% of area median income				
50.1% - 60% of area median income				
40.1% - 50% of area median income				
30.1% - 40% of area median income				
At or below 30% of area median income*				
Total				100%

*Assumed by IHFA for emergency shelters, youth shelters, and migrant/seasonal farm worker housing.

B. Targeted Populations With Special Housing Needs [10 points maximum]

(list # of units or beds for each targeted population)

1) Individuals may be counted more than once in the chart below:

	# units or bed	% of total		# units or beds	% of total
Homeless Families**			Persons with Mental Impairment		
Homeless Men**			Persons with Disabilities		
Homeless Women**			Single-Parent Households		
Migrant/Seasonal			Elderly (62 and older)		
Farm Workers			Elderly (55 and older)		

**Recipients may restrict beneficiaries to one gender only when there is a good and compelling programmatic reason to do so (e.g., there will be shared bathrooms, you are serving victims of domestic violence, etc.).

2) Is working with the special needs population identified above part of your normal course of business?

Applicant: ☐ Yes ☐ No

Subrecipient: ☐ Yes ☐ No ☐ Not Applicable

If yes, describe how this is your normal course of business below:

3) If an applicant's or subrecipient's normal course of business does not include working with these special needs populations, the applicant must submit a letter of cooperation (6 months old or less) describing how serving this population is their normal course of business in TAB H from a qualified organization providing services for such persons that indicates that they will refer clients to the housing activity. Check one: ☐ Attached or ☐ Not applicable

4) If the applicant (for rental, transitional, emergency shelters, youth shelters, or migrant/seasonal farm worker housing only) is not the owner of the property, then a letter (6 months old or less) from the owner must be enclosed in TAB H committing to target and give priority to such residents.

Check one: ☐ Attached or ☐ Not applicable

C. Program Beneficiaries

1) Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Acquisition Only | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Youth Shelter | <input type="checkbox"/> Homeownership Counseling |
| <input type="checkbox"/> Relocation | <input type="checkbox"/> Down Payment Assistance |

2) Indicate below the number of people you currently have on a waiting list for this housing activity only, the number of people that you anticipate serving with this housing activity, and the number of units these people will occupy. If you are claiming points in Exhibit 12 for having begun client intake, you must indicate the number of current applicants below.

	Current Applicants			Anticipated Beneficiaries		
	# of Units	# of People	% of Total People	# of Units	# of People	% of Total People
White (non-Hispanic)	_____	_____	_____	_____	_____	_____
Black (non-Hispanic)	_____	_____	_____	_____	_____	_____
Hispanic	_____	_____	_____	_____	_____	_____
Asian/Pacific Islander	_____	_____	_____	_____	_____	_____
Native American	_____	_____	_____	_____	_____	_____
American Indian/ Alaskan Native & White	_____	_____	_____	_____	_____	_____
Asian & White	_____	_____	_____	_____	_____	_____
Black/African American & White	_____	_____	_____	_____	_____	_____
American Indian/ Alaskan Native & Black/African American	_____	_____	_____	_____	_____	_____
Balance/Other	_____	_____	_____	_____	_____	_____
Total	_____	_____	100%	_____	_____	100%
Low/Moderate Income	_____	_____	_____	_____	_____	_____
Disabled	_____	_____	_____	_____	_____	_____
Elderly (62 and older)	_____	_____	_____	_____	_____	_____
Elderly (55 and older)	_____	_____	_____	_____	_____	_____
Persons in Female- Headed Households	_____	_____	_____	_____	_____	_____

EXHIBIT 5: DEVELOPMENT CHARACTERISTICS

A. Development Design

1) Design of structure, quality of amenities, and energy efficiency (HOC/DPA and owner-occupied rehabilitation – not applicable ☐ [1-5 points maximum]

Indicate how many of the following design feature(s) will be included with each unit in your development. Check one: ☐ 1 feature ☐ 2 features ☐ 3 features ☐ 4 features ☐ 5 features

- Exterior walls are at least 50% brick
- Roofing system has at least a 30-year warranty
- Landscaping includes trees on site to moderate winter winds and provide shade
- Front or back porch or deck
- Framing consists of 2" X 6" studs to allow for higher R-Value insulation in walls
- Carport or garage
- Crawl space or basement
- Security system
- Energy Star rated windows
- Energy Star rated heating system(s)
- Energy Star rated cooling system(s)
- Energy Star rated compact florescent light bulbs or lighting fixtures
- Energy Star rated insulation
- Energy Star rated washer and dryer or unit provides washer/dryer hook-ups
- Energy Star rated refrigerator
- Energy Star rated stove
- Energy Star rated dish washer

2) Accessibility Requirements and Features (HOC/DPA and owner-occupied rehabilitation – not applicable ☐)

Complete the questions below for each construction activity to be undertaken. Check the box next to the appropriate activity (i.e., new construction, rehabilitation – substantial alterations, or rehabilitation – other alterations).

a. ☐ New Construction – Developments with four or more total units (not just assisted units)

i. Mobility Impairments

_____ units Number of units to be made accessible to individuals with mobility impairments.

_____ units Divided by the total number of units in the development.

_____ % Must meet or exceed 5% minimum requirement.

ii. Sensory Impairments

_____ units Number of additional units to be made accessible to individuals with hearing or vision impairments.

_____ units Divided by the total number of units in the development.

_____ % Must meet or exceed 2% minimum requirement.

iii. Common Areas

Development must meet all of the items listed below. Place an "X" next to each feature indicating that you will incorporate these items into the design of your development.

- ☐ At least one building entrance must be on an accessible route,
- ☐ All public and common areas must be readily accessible to and usable by people with disabilities, and
- ☐ All doors providing passage into and within all premises must be sufficiently wide for use by persons in wheelchairs.

iv. Ground Floor / Elevator Floor Units

All ground floor units and all units on floors served by elevators must have the following features. Place an "X" next to each feature indicating that you will incorporate these items into the design of your development.

- ☐ An accessible route into and through the dwelling,

- ☐ Accessible light switches, electrical outlets, thermostat, and other environmental controls.
- ☐ Reinforcements in bathroom walls to allow later installation of grab bars around the toilet, tub, and shower, when needed, and
- ☐ Kitchens and bathrooms configured so that a person using a wheelchair can maneuver about the space.

v. Universal Design Features [1-4 points maximum]

Indicate how many of these features, if any, will you incorporate in all the units developed under this award? Check one: ☐ 1 feature ☐ 2 features ☐ 3 features ☐ 4 features

- 42' or wider hallways
- 32" or wider doorways
- Electrical outlets raised 15" to 18" above the finished floor
- Light switches located 48" above the finished floor
- Toggle, rocker, or touch sensitive control panels instead of switches
- Wall reinforcements for handrails
- Levers instead of door or faucet knobs
- 30"x 48" clear bathroom floor space with a door that swings out
- Wall reinforcements for grab bars
- A fold down seat in the shower or roll-in shower with no curb
- The bathtub controls located off center toward the outside of the tub
- Adjustable height or hand-held showerhead with a flexible hose
- 30"x 48" clear kitchen floor space
- A removable base cabinet for required knee space
- Built in accessible height microwave
- A front control operated range
- An adjustable counter top or closet rods
- Audio and visual smoke detectors
- Sliding or bi-folding closet doors
- Front loading washer and dryer with front controls, raised on the platforms to reduce need to bend, stoop, or lean over.
- Reinforced ceiling (to accommodate pulleys for lifting mechanisms)
- Will have an accessible route that includes no steps or abrupt level of change.

b. ☐ Rehabilitation – Substantial Alterations (new construction or “Other Alterations” – not applicable ☐)

Alterations undertaken to a development that has 15 or more total units, not just assisted units, and the rehabilitation costs will be 75% or more of the replacement cost of the completed facility.

i. Cost Comparison

\$ _____ Total rehabilitation cost

\$ _____ Divided by the total replacement cost

_____ % Must meet or exceed 75%

ii. Mobility Impairments

_____ units Number of units to be made accessible to individuals with mobility impairments.

_____ units Divided by the total number of units in the development.

_____ % Must meet or exceed 5% minimum requirement

iii. Sensory Impairments

_____ units Number of additional units to be made accessible to individuals with hearing or vision impairments.

_____ units Divided by the total number of units in the development.

_____ % Must meet or exceed 2% minimum requirement

iv. Common Areas

Explain efforts to make common areas accessible.

v. Indicate the ways that your development will exceed the minimum accessibility requirements. (HOC/DPA and owner-occupied rehabilitation – not applicable ☐) [4 points maximum]

c. ☐ Rehabilitation – Other Alterations (new construction or “Substantial Alterations – not applicable ☐)

Alterations undertaken to a development of any size that does not meet the regulatory definition of “substantial alterations.”

i. Indicate the method by which you determined your development falls into this category:

☐ Cost Comparison (less than 75%) or ☐ Development is less than 15 total units.

\$ _____ Total rehabilitation cost

\$ _____ Divided by the total replacement cost

_____ % Must be less than 75%

ii. Mobility Impairments

_____ units Number of units to be made accessible to individuals with mobility impairments.

_____ units Divided by the total number of units in the development.

_____ % Must meet or exceed 5% minimum requirement, unless doing so would impose undue financial burdens of the operation of the Development. If so, explain how below:

iii. Common Areas

Explain efforts to make common areas accessible.

iv. Indicate other ways that all assisted units in the development will exceed the minimum accessibility requirements. (HOC/DPA and owner-occupied rehabilitation – not applicable ☐) [1-4 points maximum]

B. Energy Conservation Education

Describe below the steps you will take to encourage or promote energy conservation in this housing activity. Possible activities include, but are not limited to, educating beneficiaries and participating in energy saving programs sponsored by local utility companies, etc. [1 point maximum]

C. Homeownership Counseling Curriculum (owner-occupied rehabilitation – not applicable ☐)

Will you utilize the *Live the Dream . . . Own a Home*© curriculum for your homeownership counseling classes? See Appendix K for ordering information. [3 points maximum] ☐ Yes ☐ No

D. Existing Structures

1) Are you:

a. Developing a vacant structure for housing, regardless of the location, ☐ Yes ☐ No

- b. Acquiring or rehabilitating existing housing stock, or ☐ Yes ☐ No
 c. Developing vacant land in an existing neighborhood in an incorporated area? ☐ Yes ☐ No
 d. If yes to any of the above, do at least 50% if the units fit this criterion?
(HOC/DPA – not applicable ☐) [5 points maximum] ☐ Yes ☐ No
- 2) Will your housing activity utilize historic tax credits or has the Indiana State Historic Preservation Officer (SHPO) declared that the development contains units that are a historic resource. (If yes, attach documentation from the state Department of Natural Resources, Division of Historic Preservation and Archeology in TAB J.) **(homebuyer, HOC/DPA, and owner-occupied rehabilitation – not applicable ☐) [3 points maximum]** ☐ Yes ☐ No
- E. Post Purchase Counseling **(emergency shelters, youth shelters, transitional housing, migrant/seasonal farm worker housing, rental, and owner-occupied rehabilitation – not applicable ☐)**
 Will you provide post purchase counseling at least quarterly to all the beneficiaries of your program?
 1) For at least one year following the purchase of a home. **[2 points maximum]** ☐ Yes ☐ No
 2) For at least two years following the purchase of a home. **[4 points maximum]** ☐ Yes ☐ No
 3) If you answered yes to #1 or #2, how frequently: ☐ quarterly ☐ monthly ☐ other: _____
- F. Sweat Equity of Volunteer Labor **(emergency shelters, youth shelters, transitional housing, migrant/seasonal farm worker housing, rental, homebuyer, and HOC/DPA – not applicable ☐)**
[1 point maximum]
 1) Will you require the beneficiaries or relatives of the beneficiaries to contribute sweat equity toward the rehabilitation of their home? ☐ Yes ☐ No
 If yes, describe how and how much:
 2) **OR** Will you utilize volunteer labor for some or all of the construction work on this housing activity?
☐ Yes ☐ No
 If yes, describe how and how much:
- G. Home Maintenance Training **(emergency shelters, youth shelters, transitional housing, migrant/seasonal farm worker housing, and rental – not applicable ☐)**
 Will you provide home maintenance training to all program beneficiaries? **[3 points maximum]**
☐ Yes ☐ No
 If yes, describe:
- H. Extended Warranty **(emergency shelters, youth shelters, transitional housing, migrant/seasonal farm worker housing, rental, HOC/DPA, and homebuyer – not applicable ☐)**
 Will you offer program beneficiaries an extended warranty for the construction work completed under this program?
 1) For at least two years **[2 points maximum]** ☐ Yes ☐ No
 2) For at least three years **[3 points maximum]** ☐ Yes ☐ No
 3) Other: _____ ☐ Yes ☐ No
- I. Supervise Construction **(emergency shelters, youth shelters, transitional housing, migrant/seasonal farm worker housing, rental, HOC/DPA, and homebuyer – not applicable ☐)**
 Will you secure bids and supervise construction for the beneficiaries of this program? **[1 point maximum]**
 Applicant: ☐ Yes ☐ No
 Subrecipient: ☐ Yes ☐ No ☐ N/A
 Administrator: ☐ Yes ☐ No ☐ N/A

- J. **One-on-One Counseling (emergency shelters, youth shelters, transitional housing, migrant/seasonal farm worker housing, rental, and owner-occupied rehabilitation – not applicable ☐)**
 Will you provide one-on-one homeownership counseling to program beneficiaries in addition to classroom-style training? **[3 points maximum]** ☐ Yes ☐ No
 If yes, describe:

- K. **Bilingual Counseling (emergency shelters, youth shelters, transitional housing, migrant/seasonal farm worker housing, rental, homebuyer, and owner-occupied rehabilitation – not applicable ☐)**
 Will you provide/offer bilingual (English and one other language) **[3 points maximum]**
 ♦ homeownership materials, ☐ Yes ☐ No
 ♦ counselors, or ☐ Yes ☐ No
 ♦ training to program participants? ☐ Yes ☐ No

If yes, indicate the language, other than English, that the activities will be offered in: _____

- L. **IDA Program (emergency shelters, youth shelters, transitional housing, migrant/seasonal farm worker housing, rental, homebuyer, and owner-occupied rehabilitation – not applicable ☐)**
 Will qualified beneficiaries of the proposed housing activity have access to an Individual Development Account (IDA)? **[4 points maximum]** ☐ Yes ☐ No
 1) If yes, will the IDA be provided by the applicant? ☐ Yes ☐ No
 2) If no, what agency will be providing the IDAs? _____
 Enclose a cooperative agreement with the agency providing the IDAs indicating their willingness to give preference to the beneficiaries of the proposed housing activity in TAB K.

- M. **Services or Features Unique to the Housing Program [1-5 points maximum]**

- 1) Describe on the chart below the types of services (not already receiving points in another section) that will be provided to the participants of this housing program and indicate who will be providing these services. Describe below how providing these services are part of the agencies normal course of business, whether it is the applicant, subrecipient, or other agency.

For services provided by organizations other than the applicant or subrecipient, enclose a copy of the memorandum of understanding (MOU) that outlines the scope and duration of the services in TAB K. See Appendix P for a sample MOU. (Check one: attached ☐ or not applicable ☐.

Provider	Description of Services	How is this your normal course of business?

- 2) Describe below the unique features of this housing activity that go above and beyond the basic requirements of this kind of housing program and are not already receiving points in another category (e.g., excluding design features of the structure, amenities of the unit, accessibility features, and energy conservation education).

☐ Unique Partnership (explain):

☐ Redevelopment of a Brownfield (explain):

☐ Preservation of a Federally Assisted Low Income Housing Development (Explain):
Applicant must provide a letter from the appropriate federal agency indicating that these units are at risk of being removed from the low-income housing market in TAB K.

☐ Other (explain):

N. Extended Affordability Commitment

- 1) Check the appropriate affordability period for your housing activity below:

- a. All CDBG – The amount that determines the affordability period is calculated by taking the amount requested and subtracting the funds budgeted for administration, environmental review, and operating funds for shelters and transitional housing:

X	Award Amount Per Unit	Minimum Affordability Period
<input type="checkbox"/>	under \$15,000/unit	5 years
<input type="checkbox"/>	\$15,000 - \$40,000	10 years
<input type="checkbox"/>	over \$40,000 per unit	15 years

- b. HOME funded homebuyer and HOC/DPA – The amount that determines the affordability period is calculated by taking the amount requested and subtracting the funds budgeted for administration, CHDO operating, environmental review, relocation, and homeownership counseling.

X	Award Amount Per Unit	Minimum Affordability Period
<input type="checkbox"/>	under \$15,000/unit	5 years
<input type="checkbox"/>	\$15,000 - \$40,000	10 years
<input type="checkbox"/>	over \$40,000 per unit	15 years

- c. HOME funded owner-occupied rehabilitation – The amount that determines the affordability period is calculated by taking the amount requested and subtracting the funds budgeted for administration, CHDO operating, and environmental review.

X	Award Amount Per Unit	Minimum Affordability Period
<input type="checkbox"/>	under \$15,000/unit	5 years
<input type="checkbox"/>	\$15,000 - \$40,000	10 years
<input type="checkbox"/>	over \$40,000 per unit	15 years

- d. HOME funded rental and transitional housing – The amount that determines the affordability period is calculated by taking the amount requested and subtracting the funds budgeted for administration, CHDO operating, and environmental review.

<input checked="" type="checkbox"/> X	Award Amount Per Unit	Minimum Affordability Period
<input type="checkbox"/>	under \$15,000/unit	5 years
<input type="checkbox"/>	\$15,000 - \$40,000	10 years
<input type="checkbox"/>	over \$40,000 per unit or all Rental/Refinance	15 years
<input type="checkbox"/>	New construction or acquisition of newly constructed housing	20 years

- e. Trust Fund funded rental, transitional housing, emergency shelters, youth shelters, and migrant/seasonal farm worker housing – The amount that determines the affordability period is the full principal value of the loan.

<input checked="" type="checkbox"/> X	Loan Amount Per Unit	Minimum Affordability Period
<input type="checkbox"/>	Any amount	15 years

- 2) Will this development commit to an extended affordability period of (check appropriate box):
(HOC/DPA, owner-occupied rehabilitation, and homebuyer– not applicable ☐)
- ☐ 5 additional years beyond the applicable affordability period **[1 point maximum]** or
- ☐ 10 additional years beyond the applicable affordability period **[2 points maximum]**

EXHIBIT 6: SOURCES OF FUNDS

A. Permanent Financing

List all sources of financing that remain on the property beyond construction. Include the value of any new mortgages that are taken out at the end of construction by the developer/owner (and not the homebuyer). If you are requesting a Trust Fund loan that is for both construction and permanent financing, list only the amount that will convert to permanent financing. Include the value of a Rental/Refinance mortgage if it is provided by IHFA's HOME funds. Attach letters of commitment from the lender in TAB L if applicable.

Lender	Amount	Committed Yes/No - Date	Interest Rate	Amortization Period	Term of Loan	Payment Amount
		<input type="checkbox"/> Yes/ <input type="checkbox"/> No Date: _____				
		<input type="checkbox"/> Yes/ <input type="checkbox"/> No Date: _____				
		<input type="checkbox"/> Yes/ <input type="checkbox"/> No Date: _____				
Total						

B. Estimated Homebuyer Mortgages

Indicate the total value of all mortgages taken out by the eventual homebuyers. Do not include the value of any IHFA HOME funds provided as a CHDO loan: \$ _____

C. IDAs and Home Saving Program Grants

Indicate the amount of matching funds only that you anticipate securing for the beneficiaries of this housing activity from Individual Development Accounts (IDAs) or the FHLBI Home Savings Program. Do not include the value of the homebuyer contribution to the IDA or the amount they contributed that was matched by the Home Savings Program grant. Also indicate the source of the IDA matching funds and if it is a Federal, State, or private source.

IDA or Home Saving Program Grant	Amount	Source of Matching Funds	Federal, State, or Private Funds
IDA			<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Private
Home Savings Program		FHLBI	N/A

D. Grants and IHFA CDBG or HOME Awards

List all sources of grants to the housing activity that do not require repayment. Also list the IHFA award request amount made in this application, except any amount for a HOME amortized loan for Rental Refinance. Attach letters of commitment from the funder when available in TAB L.

Funder	Amount	Date of Application	Committed Yes/No - Date
			<input type="checkbox"/> Yes / <input type="checkbox"/> No Date: _____
			<input type="checkbox"/> Yes / <input type="checkbox"/> No Date: _____
			<input type="checkbox"/> Yes / <input type="checkbox"/> No Date: _____
			<input type="checkbox"/> Yes / <input type="checkbox"/> No Date: _____
Total			

E. Cash Donations

List all sources of private or public cash donations to the housing activity. Attach letters of commitment, if possible, or a copy of the current bank statement where the funds are deposited in TAB L.

Donor	Amount	Committed Yes/No – Date
		<input type="checkbox"/> Yes / <input type="checkbox"/> No Date: _____
		<input type="checkbox"/> Yes / <input type="checkbox"/> No Date: _____
		<input type="checkbox"/> Yes / <input type="checkbox"/> No Date: _____
		<input type="checkbox"/> Yes / <input type="checkbox"/> No Date: _____
Total		

F. Deferred Developer's Fee

List below the amount of developer's fee that the applicant is willing to defer until the development generates adequate cash flow. This category is only for rental and transitional housing developments.

Percent of Total Developer's Fee Deferred	Total Amount of Deferred Developer's Fee	At what point will developer's fee be paid?
Total		

G. Total Cash Sources of Funds (Sections A+B+C+D+E+F of Exhibit 6): \$ _____

H. Minus Commercial Costs

Subtract from Section G the Amount of Funds Budgeted on Exhibit 8: Uses of Funds for developing any commercial space (#5 under Hard Costs). Indicate the net amount here: \$ _____

I. Average Cash Cost Per Unit [3 points maximum]

(Section H divided by # _____ of units = \$ _____/unit

J. In-Kind Donations

List all in-kind contributions to the acquisition and/or development phase of the housing activity, including construction materials, volunteer labor, waived fees, portion of sale price below appraised value, etc. Attach letters of commitment, appraisal, or purchase agreement when available as verification in TAB L.

Donor	# of Volunteer Hours	Rate Per Hour (\$10 for unskilled labor)	Amount	Committed Yes/No - Date
				<input type="checkbox"/> Yes / <input type="checkbox"/> No Date: _____
				<input type="checkbox"/> Yes / <input type="checkbox"/> No Date: _____
				<input type="checkbox"/> Yes / <input type="checkbox"/> No Date: _____
				<input type="checkbox"/> Yes / <input type="checkbox"/> No Date: _____
Total Amount				

K. Total Development Costs (G+J)

This amount should match the Total Costs listed on Section F on the Application Cover Page and the total amount on Exhibit 8: Uses of Funds \$ _____

L. Construction Financing

List any construction loans that the developer of this housing activity will take out to cover development or construction costs during construction. If you will be requesting a Trust Fund loan for construction financing, list the amount here. Attach letters of commitment from the lender(s) in TAB L.

Lender	Amount	Committed Yes / No – Date	Interest Rate	Term of Loan
		<input type="checkbox"/> Yes/ <input type="checkbox"/> No Date: _____		
		<input type="checkbox"/> Yes/ <input type="checkbox"/> No Date: _____		
		<input type="checkbox"/> Yes/ <input type="checkbox"/> No Date: _____		
		<input type="checkbox"/> Yes/ <input type="checkbox"/> No Date: _____		
Total				

M. Financing Commitments

- 1) Total Funds for Development: Sections D+E+F+J+L of Exhibit 6: \$ _____
- 2) Subtract the IHFA request amount listed in Sections D and L of Exhibit 6 from the total in #1: \$ _____
- 3) Indicate how much of the funds in #2 are committed: \$ _____
- 4) Divide #3 by #2 and indicate the percentage. If #2 equals 0, put 100% on line 4: **[4 points maximum]** _____ %

EXHIBIT 7: OTHER SOURCES OF MATCH OR LEVERAGE

A. Below Market Interest Rate

Use the space below to indicate the amount of interest saved by a below market interest rate charged by a lender for construction financing, permanent financing, or a homebuyer mortgage. See CPD Notice 97-03, Appendix R, or your Development Specialist for further guidance. Attach a letter of commitment from the lender in TAB L.

Lender	Amount of Loan	Interest Rate	Amortization Period	Term	Amount of Interest Saved (see IHFA)
Total					

B. In-Kind Supportive Services

In the chart below indicate the value of any supportive services that will be provided to the beneficiaries of this housing activity and that will count toward your match liability. Also indicate who will be providing the services and enclose a letter of cooperation from that agency, if it is different from the applicant or subrecipient, in TAB L. If you need additional space, attach a description of these services in TAB L.

Provider	Description of Services	Cost of Services and Source of Funding	Committed
			<input type="checkbox"/> Yes / <input type="checkbox"/> No Date: _____
			<input type="checkbox"/> Yes / <input type="checkbox"/> No Date: _____
			<input type="checkbox"/> Yes / <input type="checkbox"/> No Date: _____
Total			

- C. Property Tax Abatement ☐ or Property Tax Exemption ☐ (check one)** – List the amount of the property tax abatement or exemption for each year. Your IHFA Development Specialist can assist with calculating the present value of these tax savings for purposes of determining the value of eligible match or leverage. Attach a letter of commitment from the jurisdiction providing the abatement in TAB L. See CPD Notice 97-03, Appendix R, or your Development Specialist for further guidance.

Total Amount of Annual Property Tax Liability: \$ _____

Date Committed: _____ Discount Factor Used in Calculation: _____

Yr.	Amount of Abatement or Exemption	Present Value	Yr.	Amount of Abatement or Exemption	Present Value	Yr.	Amount of Abatement or Exemption	Present Value
1			11			21		
2			12			22		
3			13			23		
4			14			24		
5			15			25		
6			16			26		
7			17			27		
8			18			28		
9			19			29		
10			20			30		
TOTAL								

D. Banked Match/Leverage

Award No. for which Match/Leverage was Originally Generated	Indicate the Recipient Contributing the Banked Match/Leverage*	Amount of Banked Match/Leverage
		\$
		\$
Total		\$

*If it is an entity other than the applicant, the applicant must provide a signed agreement from the recipient donating the banked match or leverage in TAB L. See Appendix T for a sample agreement form.

E. Match/Leverage Calculation

- 1) Total IHFA Request Amount \$ _____
- 2) Required Match/Leverage Amount:
 Either 10% of total request for CDBG and Trust Fund **or** 25%
 (minus CHDO operating, administration, and environmental
 review) for HOME \$ _____

F. Match/Leverage Sources Recap

List only the sources and amounts of funding from Exhibits 6 and 7 that are proposed to serve as match or leverage for this housing activity. (This may differ from the total amount of funding going into the housing activity.) The total amount in this section must be at least the amount indicated in Section E of Exhibit 7 and must be at least the amount of match committed to in the resolution from the organization on Exhibit 20. ***All applicants must attach commitment letters or resolutions for each source of match and/or leverage in TAB L.***

Type of Funding (e.g., grant, BMIR, in-kind, etc.)	Source	Amount of Match/Leverage
Total		

G. Financing Scoring Criteria

1) Other Government Monetary Participation [2 points maximum]

Is there a commitment for material local government funding for this development? ☐ Yes ☐ No

If yes, complete the chart below indicating the amount of funding per capita. This amount should be computed by using the 2000 population statistics from the U.S. Census Bureau found at:

<http://www.factfinder.census.gov>. Provide a letter of commitment in TAB L.

$$\begin{array}{ccccc} \$ & & \div & & = & & \text{¢} \\ \hline \text{The amount of local} & & & & & & \\ \text{government funding} & & \text{Population} & & & & \\ & & & & & & 10\text{¢} - 24\text{¢} \text{ [1 point]} \\ & & & & & & \geq 25 \text{ ¢} \text{ [2 points]} \end{array}$$

2) Waived Private Mortgage Insurance (emergency shelters, youth shelters, transitional housing, migrant/seasonal farm worker housing, rental, homebuyer, and owner-occupied rehabilitation – not applicable ☐) [5 points maximum]

Have you secured a commitment from a lender to waive the private mortgage insurance requirement for the beneficiaries of your program? PMI must typically be required for the loan product in order to count toward this scoring criterion. Loans that do not require PMI of anyone do not count.

☐ Yes ☐ No

- ♦ If yes, is PMI required for borrowers who apply for this same mortgage product but are not a part of the applicant's proposed housing activity?

☐ Yes ☐ No

- If no, provide a letter of commitment from the lender in TAB L.

3) BMIR Commitment (emergency shelters, youth shelters, transitional housing, migrant/seasonal farm worker housing, rental, homebuyer, and owner-occupied rehabilitation – not applicable ☐) [5 points maximum]

Have you secured a commitment from a lender to provide below market rate mortgages to the beneficiaries (homebuyers) of your program?

☐ Yes ☐ No

If yes, provide a letter of commitment from the lender in TAB L.

EXHIBIT 8: USES OF FUNDS

(Total should agree with #K under Exhibit 6: Sources of Funds, and Application Cover Page, #F)

Description of Costs*	Costs Applied to CDBG or HOME	Costs Applied to Trust Fund	Other Cash Costs	In-Kind Donations (Exhibit 6 - #J)	Total Dev. Costs
Purchase Land and Buildings					
1. Acquisition					
2. Down Payment Assistance					
Subtotal Purchase Land/Bldg.					
Hard Costs					
1. New Construction					
2. Rehabilitation					
3. Demolition					
4. Refinance					
5. Commercial Development Costs					
Subtotal Hard Costs					
Program Delivery					
1. Architectural Fees					
2. Engineering Fees					
3. Legal Fees					
4. Consultant/Other Professional Services					
5. Work Write-Ups/Specs (non-architectural)					
6. Financing Costs (construction & permanent loan interest and fees)					
7. Building Permits and Fees					
8. Appraisals					
9. Builder's Risk Insurance					
10. Closing Costs Paid for Homebuyer					
11. Lead Hazard Testing					
12. Client Related Services					
13. Other: _____					
Subtotal Program Delivery					
Other					
1. Relocation (temp. & permanent)					
2. Homeownership Counseling					
3. Developer's Fee					
_____% Not-for Profit _____% For-Profit**					
4. Replacement Reserves					
5. Operating Reserves					
6. Administration or CHDO Operating Costs					
7. Environmental Review					
8. Emergency/Youth Shelter or Transitional Housing Operating Costs*** (CDBG Only)					
Subtotal Other					
TOTAL USES OF FUNDS					

* Please refer to the Eligible Activities section for each funding source for a detailed explanation of each line item.

** For joint ventures, indicate what portion is going to each partner.

*** Provide a detailed budget and explanation of these costs in Appendix H, Supplemental Development Package.

EXHIBIT 9: AWARD BUDGET LIMITATIONS

All CDBG Awards Only:			
	divided by	=	
CDBG funds budgeted for program delivery, administration, and environmental review		Total amount of CDBG request	(Not to exceed 20%)

CDBG Emergency Shelters, Youth Shelters, Transitional Housing Awards Only:			
	divided by	=	
CDBG funds budgeted for operating costs		Total amount of CDBG request	(Not to exceed 15% or \$50,000, whichever is less)

All HOME Awards Only (Except HOC/DPA):			
	divided by	=	
HOME funds budgeted for administration		Total amount of HOME request	(Not to exceed 5%)
	divided by	=	
HOME funds budgeted for developer's fee		Total amount of HOME request	(Not to exceed 13%)
	divided by	=	
HOME funds budgeted for administration, CHDO operating, program delivery, environmental review, and developer's fee		Total amount of HOME request	(Not to exceed 20%)

Additional Limitations for HOME Homebuyer Only (note this is a per unit limitation and not an average limit):			
	divided by	=	
HOME funds budgeted for homeownership counseling		Number of assisted units	(Not to exceed \$1,000)

Additional Limitations for HOME Rental/Rehabilitation/Refinance Only:			
	divided by	=	
HOME funds budgeted for rehabilitation		Total amount of HOME request	(Must be at least 51%)

HOME HOC/DPA Only:			
	divided by	=	
HOME funds budgeted for administration		Total amount of HOME request	(Not to exceed 5%)
	divided by	=	
HOME funds budgeted for homeownership counseling		Total amount of HOME request	(Not to exceed 20%)
	divided by	=	
HOME funds budgeted for Client Related Services and Lead Hazard Testing (line #11 and #12)		Total amount of HOME request	(Not to exceed 1%)

HOME HOC/DPA Only:			
HOME Funds budgeted for Program Delivery Items 1-9	divided by	Total amount of HOME request	= (Not to exceed 1%)
For HOC/DPA proposing to do minor accessibility modifications only:			
HOME funds budgeted for rehabilitation	divided by	Number of assisted units	= (Not to exceed \$6,000 - this is a per unit limitation and not an average limit)
HOME funds budgeted for administration, program delivery, and environmental review	divided by	Total amount of HOME request	= (Not to exceed 20%)

Trust Fund Only:			
Trust Fund amount budgeted for program delivery	divided by	Total amount of Trust Fund request	= (Not to exceed 20%)
Amount of previous Trust Fund loan for this development	plus	Current Trust Fund request amount	= (Not to exceed \$500,000)

All Rental Requests:			
Funds budgeted for operating reserves (non-HOME or CDBG)	divided by	Amount of monthly debt service plus operating expenses (from 15-year proforma)	= (Must be at least 4)

EXHIBIT 10: MARKET FACTORS

A. Qualified Census Tract or Federal Disaster Area [2 points maximum]

- 1) Is this housing activity located in a Qualified Census Tract? ☐ Yes ☐ No
- a. If Yes, what percentage of the units will be located within the qualified census tract: _____%. See Appendix D for a list of Qualified Census Tracts in the State of Indiana.
- b. Provide a map of the service area indicating all the census tracts and those that are qualified census tracts in TAB C. Census tract maps can be found on the Internet at http://ftp2.census.gov/plmap/pl_trt/st18_Indiana/.
- c. If Yes and the site address is known, indicate the address(es) and Census Tract Number(s) below. Add additional addresses in TAB C if necessary.

Address	City	Census Tract #

- 2) Is this housing activity located in a federally declared major disaster area as declared by the Federal Emergency Management Agency for flooding, a tornado, or fire occurring in the past 3 years prior to application submission? FEMA maintains a website at <http://www.fema.gov/library/drcys.htm> that lists the history of major disasters. ☐ Yes ☐ No
- a. If Yes, what percentage of the units will be located within the Federally Declared Disaster Area and are directly effected by the disaster? _____%
- b. If Yes, provide documentation indicating the declaration for a major disaster area from the Federal Emergency Management Agency (FEMA) in TAB M.

B. Economic Factors

Provide each economic factor score for the housing activity county as given in Appendix E. For multiple county service areas, average the economic factors for all counties served. **[6 points maximum]**:

	Actual Factor from Appendix E	Points Awarded Check one:
1) Per capita income:	_____	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2
2) Unemployment rate:	_____	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2
3) Percentage Change in Population:	_____	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2

C. Housing Need [3 points maximum]

- 1) How did you determine there was a need or demand for the proposed activity in the community being served? Cite independent sources of information to support your assumptions. This narrative should be comprehensive and demonstrate that the applicant has thoroughly researched the community and understands the housing needs of its residents. (Attach one additional sheet if necessary.)
- 2) What other agencies or developers are providing similar housing or housing services in the community being served? This should be a comprehensive list.
- 3) Do these agencies or developers have waiting lists for the type of housing proposed in this application?

☐ Yes ☐ No

 - a. If yes, how many people or households are on their waiting lists? Be specific to each agency and developer.
 - b. If no, how will your proposed housing activity differ so as not to duplicate the efforts of these other agencies or developers?

D. Predevelopment Activities

1) Indicate below which of the following predevelopment activities have been completed for the proposed undertaking. Evidence of such activities should be provided in TAB N: **[3 points maximum]** **(homeownership counseling/down payment assistance and owner-occupied rehabilitation – not applicable ☐)**

- a. Feasibility or Market Study ☐ Yes ☐ No
 - ◆ If yes, enclose a copy of the cover page and the conclusions section in TAB N.
- b. Appraisal (Both “as is” and “after rehab or construction” value) ☐ Yes ☐ No
 - ◆ If yes, enclose a copy of the appraisal in TAB N.
- c. Completed either preliminary or final architectural and/or engineering plans ☐ Yes ☐ No
 - ◆ If yes, enclose a 8-1/2” X 11” copy of the site and/or floor plan only in TAB I.
- d. Received zoning approval or property is already properly zoned ☐ Yes ☐ No
 - ◆ If yes, enclose a letter from the city, town or county or a copy of the minutes from the Zoning Board meeting approving the change in TAB N.
- e. Completed a title search of the proposed properties ☐ Yes ☐ No
 - ◆ If yes, enclose a copy of the title search in TAB N.
- f. Other related predevelopment activity as indicated: _____ ☐ Yes ☐ No
 - ◆ If yes, enclose evidence in TAB N.

2) Applicant has a community-wide housing needs assessment that addresses the proposed activity that was completed within the past 5 years. **[3 points maximum]** **(emergency shelters, youth shelters, transitional housing, migrant/seasonal farm worker housing, rental, and homebuyer – not applicable ☐)** ☐ Yes ☐ No

- a. If yes, what is the title: _____
- b. Attach a copy of the cover page and pertinent sections that pertain to the proposed activity in TAB N.

E. Past Awards Per Capita

According to the chart in Appendix O, what points are associated with the county in which the housing activity will be located? For multiple county service areas, average the points for all counties served. **[1-5 points maximum]** Check one: ☐ 1 point ☐ 3 points ☐ 5 points

EXHIBIT 11: ORGANIZATIONAL CAPACITY

A. Strategic Plan

Has the applicant organization developed, within the past 5 years, a: **[2 points maximum]**

- 1) Strategic business plan (for not-for-profits, for-profits, CHDOs, and public housing authorities) ☐ Yes ☐ No
- 2) Comprehensive community plan that includes housing (for townships and local units of government) ☐ Yes ☐ No

If yes, attach a copy in TAB O of the (check below if enclosed):

- ☐ cover page and
☐ pertinent sections of the plan that pertain to housing.

B. Housing Development Related Training

Has a member of the applicant's staff or board of directors participated in the following housing development related training within the past 12 months? **[3 points maximum]** ☐ Yes ☐ No

If yes, complete the chart below:

Type of Training	Month/Year	Board/Staff Attending
IHFA Sponsored Application Workshop		
IHFA Sponsored Start-Up Training		
Other Housing Development-Related Training (not already listed in the next section): Title: _____		

C. Housing Development Certification

Has a member of the applicant's, subrecipient's, or administrator's staff or board of directors completed the following training courses and received the appropriate certifications? Provide a copy of the certificate of completion in TAB P. **[1 points maximum]** ☐ Yes ☐ No

Type of Training	Month/Year Completed	Board/Staff With Certification
Project Development Training (PDT) sponsored by IACED		
National Development Council (NDC) Housing Development Finance Professional		
Development Training Institute (DTI)		
Neighborhood Reinvestment Training Institute Professional Certificate		

D. Financial Evaluation [local units of government – not applicable ☐

- 1) Has the (check one) applicant ☐ or subgrantee ☐ (entity to which the applicant has reloaned the funds) enclosed in TAB Q their three most recent tax returns or audited financial statements. Both documents must be for fiscal years that ended in 1999 or later. If the applicant has been in existence for less than 3 years, IHFA will accept all tax returns or audited financial statements since incorporation, but there must be at least one. **[1 point maximum]**
☐ Enclosed OR ☐ Already on File at IHFA OR ☐ No, not enclosed
- 2) Does the applicant or subgrantee have average annual revenues that exceed \$25,000 for the past three years or since incorporation, whichever is less. **[2 points maximum]** ☐ Yes ☐ No

- 3) Is the average deficit ratio for the applicant or subgrantee for the past three years or since incorporation, whichever is less, greater than 0%? **[2 points maximum]** ☐ Yes ☐ No

- a. Total Revenues: _____
- b. Total Expenses: _____
- c. a minus b: _____
- d. c divided by b: _____ (must be greater than 0%)

E. History of Administering IHFA Awards (not-for-profit, CHDO, for-profit, or joint ventures not applicable - ☐)

Has the applicant previously received a Housing from Shelters to Homeownership or Rental Housing Tax Credit Combo award for HOME, CDBG, or Trust Fund. **[5 points maximum]** ☐ Yes ☐ No

If yes, indicate the most recent award number and funding source:

Award Number: _____ Funding Source: _____

F. Monitoring on Past Awards [-1 to -10 points maximum]

Indicate below the number of findings from the most recent IHFA monitoring that has occurred in the past two years in the following categories. The monitoring applies to awards with which the applicant, subrecipient, or administrator was involved.

Finding Category	Applicant		Subrecipient		Administrator	
	Number of Findings	Award # that Was Monitored	Number of Findings	Award # that Was Monitored	Number of Findings	Award # that Was Monitored
1) Procurement Procedures						
2) Housing Quality Standards						
3) Program Management and Performance						
4) Cost Allowability						
5) Match Documentation						
6) Program as a Whole (meeting unit production commitment)						
7) Client Eligibility/ National Objective						

G. Spending Rate on Past Awards [2 points maximum]

Indicate below if the applicant, subrecipient, or administrator was able to expend at least 75% of the funds from their most recent IHFA award within 12 months of board award date.

	Funds Expended Within 12 mos. A.	Total Funds Awarded B.	% of Award (A / B)	Award Number	Board Award Date
Applicant					
Subrecipient					
Administrator					

H. Suspension List [2 points maximum]

Indicate below if the applicant, subrecipient, or administrator has been on IHFA's suspension list in the past two years.

1) Applicant:

☐ Yes ☐ No

If yes, indicate the award number: _____ issue: _____

2) Subrecipient:

☐ Yes ☐ No

If yes, indicate the award number: _____ issue: _____

3) Administrator:

☐ Yes ☐ No

If yes, indicate the award number: _____ issue: _____

EXHIBIT 12: READINESS TO PROCEED

A. Client Intake

- 1) Has the applicant or subrecipient already begun client intake? **[4 points maximum]** ☐ Yes ☐ No
If yes, provide a list of the names and addresses of those households in TAB R.
- 2) What percentage of eligible clients for this housing activity has completed an intake process? If the applicant intends to claim points in this category, you must have identified current applicants in Exhibit 4, Section C. **(emergency shelters, youth shelters, transitional housing, migrant/seasonal farm worker housing, rental, HOC/DPA, and homebuyer – not applicable ☐ [5 points maximum])**

_____	Divided by	_____	Equals	%
# Eligible Households that have completed intake		Total Number of proposed units		% of Eligible Households

B. Executed Contracts [1 point maximum]

- 1) Who will conduct administration? Check one: Applicant ☐ Subrecipient ☐ Consultant ☐
- 2) Who will conduct program delivery? Check one: Applicant ☐ Subrecipient ☐ Consultant ☐
- 3) If there is a subrecipient, has the subrecipient agreement been executed? ☐ Yes ☐ No ☐ N/A
If yes, indicate the date: _____
- 4) If you are using a consultant, have they been appropriately procured, and has the contract been signed? ☐ Yes ☐ No ☐ N/A
If yes, indicate the date: _____
Indicate the name of the consultant: _____

C. Owner-Occupied Readiness to Proceed (emergency shelters, youth shelters, transitional housing, migrant/seasonal farm worker housing, rental, HOC/DPA, and homebuyer – not applicable ☐)

- 1) Have you completed the Section 106 Review of the Environmental Review process for all properties to be served by this program? **[1 point maximum]** ☐ Yes ☐ No
- 2) Have you completed the inspection reports and work write-ups for all the units that will be served by this program? **[1 point maximum]** ☐ Yes ☐ No
- 3) Have you advertised a notice for bids from prospective contractors? **[1 point maximum]** ☐ Yes ☐ No
- 4) Have you completed a Lead Risk Assessment for all units that will be served by this program and where it is required? **[1 point maximum]** ☐ Yes ☐ No

EXHIBIT 13: LOCAL NOTIFICATION AND/OR SUPPORT

A. Letter of Notification

The applicant must enclose a copy of the letter of notification about the housing activity that was sent to the highest elected official of each local unit of government (i.e., city, town, or county) in which the housing activity will be located. See chart below to determine who the letter should be sent to for each situation. Indicate in the check box which situation applies. The letter must have been sent no more than 12 months prior to the application deadline. A sample letter of notification is provided in the Application Instructions for Exhibit 13. Enclose a copy of the letter in TAB S. **Check one: enclosed ☐ or local unit of government applicant applying alone – not applicable ☐**

X	Situation	Who to Send Letters of Notification to or Get Letters of Support From
<input type="checkbox"/>	Single site is identified and it is located outside an incorporated area	County Commissioners
<input type="checkbox"/>	Single site is identified and it is located inside an incorporated area	Town Council President or Mayor of City
<input type="checkbox"/>	Scattered sites are identified and they are located in both incorporated and unincorporated areas	County Commissioners and each Town Council President or Mayor of City in which the units are located
<input type="checkbox"/>	Scattered sites are identified and they are all located outside of incorporated areas	County Commissioners
<input type="checkbox"/>	Site(s) not identified and unsure if location will be in an incorporated area or not	County Commissioners
<input type="checkbox"/>	Site(s) not identified but sure they will be within the boundaries of an incorporated area	Town Council President or Mayor of City
<input type="checkbox"/>	Multi-jurisdictional applications	County Commissioners and/or each Town Council President or Mayor of City in which the units are/will be located (except lead applicant)

List the political jurisdiction in which the development is to be located and the name and address of the chief elected official thereof. If this is a multi-jurisdictional application, list the other local unit(s) of government that is not also the lead applicant. Add additional sheets if necessary. **(local unit of government applicant applying alone – not applicable ☐)**

1. Name of City, Town, or County: _____

Chief Elected Official (name and title): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Fax: (____) _____

2. Name of City, Town, or County: _____

Chief Elected Official (name and title): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Fax: (____) _____

B. Letter of Support

Has the applicant received a letter supporting the specific housing activity from the highest elected official of each local unit(s) of government (i.e., city, town, or county) in which the housing activity will be located. If a site has not yet been identified, the letter should go to the county commissioners of the county in which the housing activity will be located, unless the applicant knows that the housing activity will be limited to a city or town. In that case the letter would go to the mayor or town council president for the identified city or town. See chart above for further explanation. The letter must have been sent no more than 12 months prior to the application deadline. The letter should be placed in TAB S.

If the housing activity is for a multi-jurisdictional effort, the applicant must include a letter of support from the chief elected official of each city, town, and/or county served that is also not the lead applicant. Points in this category will automatically be given to a local unit of government applicant, unless the housing activity is located beyond its incorporated limits or the housing activity is a multi-jurisdictional effort.

Points will automatically be given to a local unit of government applicant, unless the undertaking is located beyond its incorporated limits or the housing activity is a multi-jurisdictional effort. **[3 points maximum]**

☐ Yes ☐ No

EXHIBIT 14: MINORITY/WOMEN BUSINESS ENTERPRISE PARTICIPATION

Have you appropriately procured the services of a state-certified Minority Business Enterprise (MBE) or Women Business Enterprise (WBE) or is the same materially participating in this housing activity (e.g., property management, professional services, consultant, application preparer, administrator, etc)? A list of Indiana certified MBEs and WBEs can be found at <http://www.IN.gov/idoa/minority/index.html>.

☐ Yes ☐ No

If yes, list below and attach in TAB T. Attach additional names in TAB T if necessary.

☐ all applicable development, management, and contractor agreements (complete with fee structure), the names and addresses of all owners and their respective affiliation(s)

☐ a copy of the certificate from the Indiana Department of Administration, Office of Minority Development in TAB T.

[1 point maximum]

MBE ☐ or WBE ☐

Name of Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____)_____

MBE ☐ or WBE ☐

Name of Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____)_____

MBE ☐ or WBE ☐

Name of Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____)_____

MBE ☐ or WBE ☐

Name of Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____)_____

EXHIBIT 15A: DISPLACEMENT ASSESSMENT (CDBG AND HOME APPLICANTS ONLY)

**Note: Although permanent displacement may not be anticipated, a housing activity may still incur temporary or economic displacement liabilities. The Uniform Relocation Act contains specific requirements for CDBG and HOME assisted units involving displacement and/or acquisition. Further explanation of the URA requirements is found in Appendix C.*

A. The proposed activity involves the following type of acquisition:

- 1) ☐ N/A - The proposed activity involves no acquisition. *(skip to question #B)*
- 2) ☐ Voluntary Acquisition
Before entering into an offer to purchase, the purchaser must inform the seller:
 - a. That it does not have (or will not use) the power of eminent domain should negotiations fail to result in an amicable agreement.
 - b. Of its estimate of the fair market value of the property. An appraisal is not required, but the applicant's files must include an explanation of the basis for the estimate.
 - c. That the seller is not eligible for a replacement housing payment or moving expenses.
 - d. A sample letter of notification is found in Appendix C. ☐ **Attach a copy of the letter sent to the seller in TAB U.**
- 3) ☐ Involuntary Acquisition
Contact your Development Specialist for further guidance. In general, the purchaser must:
 - a. Notify owner of the purchaser's intentions.
 - b. Conduct an appraisal of the property to determine its fair market value.
 - c. Offer just compensation for the property being acquired.
 - d. Make every reasonable effort to complete the property transaction expeditiously.

B. The proposed activity involves (check all that apply):

- 1) Owner-occupied units: ☐ Acquisition ☐ Demolition ☐ Rehabilitation
 - a. On the following page, discuss how permanent displacement and temporary displacement will be addressed (i.e., avoided or kept to a minimum) in the design of the program.
- 2) Occupied rental units: ☐ Acquisition ☐ Demolition ☐ Rehabilitation
 - a. Displaced tenants will be eligible for a replacement housing payment and moving expenses.
 - b. Discuss how permanent displacement, economic displacement, and temporary displacement will be addressed on Exhibit 15B: URA Displacement Plan.
 - c. ☐ **If specific units have been identified, complete Current Tenant Roster provided in Appendix C and place it in TAB U.**
 - d. ☐ **Provide a list of all tenants that have vacated the units in the three months prior to the application date on Prior Tenant List found in Appendix C and place it in TAB U.**
 - e. ☐ Each tenant must be sent a general information notice as soon as negotiations concerning a specific site have begun. A sample notice is provided in Appendix C. **Enclose a copy of the notice and evidence of receipt of delivery in TAB U.**
- 3) Vacant rental units: ☐ Acquisition ☐ Demolition ☐ Rehabilitation
 - a. ☐ Applicant must provide documentation that no tenants were displaced so that the proposed CDBG or HOME activity could utilize a vacant property. **On the Prior Tenant List found in Appendix C list each tenant that has vacated a unit within the past three months and the tenant's reason for leaving and place it in TAB U.**
- 4) Other: _____ ☐ Acquisition ☐ Demolition ☐ Rehabilitation
 - a. Contact your Development Specialist for further guidance.

EXHIBIT 15B: URA DISPLACEMENT PLAN

To be completed by all applicants, regardless of the type of unit to be assisted.

- A. Describe any potential permanent, temporary, or economic displacement issues with the housing activity and indicate which activities may lead to displacement.

Permanent Displacement:

Temporary Displacement:

Economic Displacement:

- B. Explain how displacement will be minimized and how you will pay for relocation expenses if they are incurred.

- C. Describe your displacement assistance plan. Who will get assistance? How much assistance will they get? When and how will they receive assistance? Who will provide advisory services to those displaced?

- D. Will you be reducing the number of existing units as a result of this undertaking?
If yes, how will you replace any affordable housing units that are lost?

☐ Yes ☐ No

EXHIBIT 16: DAVIS BACON ASSESSMENT
(CDBG and HOME applications only)

A. CDBG Housing Activities

- 1) Does this housing activity involve an emergency or youth shelter? ☐ Yes ☐ No
If yes, this housing activity is subject to Davis-Bacon wage requirements.
- 2) Does the housing activity involve 8 or more units under the same ownership? ☐ Yes ☐ No
If yes, are all of the units contiguous? ☐ Yes ☐ No
If you answered yes to the previous 2 questions, this housing activity is subject to Davis-Bacon wage rates.

B. HOME Housing Activities

- 1) Are you a Public Housing Authority? ☐ Yes ☐ No
If yes, is the Public Housing Authority utilizing its own funds for the development? ☐ Yes ☐ No
If you answered yes to the previous 2 questions, this housing activity is subject to Davis-Bacon wage rates.
- 2) Does this housing activity involve 12 or more HOME-assisted units? ☐ Yes ☐ No
If yes, please answer the following questions:
- a. Do all of the units have common permanent financing? ☐ Yes ☐ No
- b. Is more than one construction contract to be executed? ☐ Yes ☐ No
- If yes, how many construction contracts do you anticipate executing? _____
 - If more than one construction contract will be awarded, how many units do you anticipate awarding under each contract? _____
- c. Provide a narrative description of the process used in determining the number of construction contracts to execute and the number of units to award under each contract:

- C. If your housing activity is subject to Davis Bacon wage rates, the applicant must get a wage determination from their IHFA Compliance Specialist prior to application submission. Failure to do so will cause the application to be incomplete. Indicate your Wage Determination Number: _____

**EXHIBIT 17: CITIZEN'S PARTICIPATION REPORT
(CDBG applications only)**

The requirements for the legal notice and a sample are provided in the application instructions. The Citizens' Participation Report form must be completed and submitted with the application. In addition, a publisher's affidavit with an original copy of the legal notice, minutes of the hearing, list of attendees, copies of any comments or complaints received, and copies of responses to any comments or complaints must be provided with the application. The original publisher's affidavit may be submitted after the application due date, but must be received by the IHFA no later than fourteen (14) days after the application due date. See the Application Instructions for additional requirements.

1. Date of Legal Notice Publication*: _____/_____/_____
2. Date of Public Hearing: _____/_____/_____
3. Describe methods used to solicit participation of low and moderate-income persons:
4. Describe any comments/complaints received and describe resolution:
5. Attach in TAB V:
 - a. Original tear sheet or original publisher's affidavit of legal notice.
 - b. Minutes of the public hearing, which must include the date and time of the meeting, the name and title of the person running the meeting and anyone who presented at the meeting, and all questions posed and/or comments made by attendees.
 - c. A list of attendees.
 - d. Copy of written comments and/or complaints received.
 - e. Copy of response to comments and/or complaints.

* *Under Indiana Code (I.C. 5-3-1-2 (B)) there must be a minimum of one legal notice at least ten (10) calendar days prior to the public hearing.*

EXHIBIT 18: CHDO LOW INCOME CITIZEN PARTICIPATION REPORT
(HOME CHDO eligible applications only)

A. Initial Input

HOME regulations require that CHDOs solicit input from low- and moderate-income persons regarding the design, location, development, and management of the affordable housing undertaking. Having low- and moderate-income board members does not fulfill this requirement.

- 1) Describe below the methods used by your organization to solicit participation and input of low- and moderate-income persons for this specific housing activity.

- 2) Describe comments received from low- and moderate-income persons.

- 3) Indicate how comments received have been addressed and how they have been incorporated into your planning and design process.

B. CHDO Recertification

- 1) Has the organization amended its articles of incorporation or by-laws since its most recent CHDO certification or recertification? ☐ Yes ☐ No
If yes, how have these changed? Please describe in detail:

- 2) Has the organization revised its tax-exempt status with the IRS since its most recent CHDO certification or recertification? ☐ Yes ☐ No
If yes, how has the status changed? Please describe in detail:

- 3) Has the organization revised its purpose or mission statement since its most recent CHDO certification or recertification?
If yes, how has the purpose of mission statement changed? Please describe in detail:

- 4) Is a minimum of one-third of your Board of Directors made up of low-to-moderate income representation? This representation can be qualified as follows: a.) resident of a low-income neighborhood in the community; b.) low-income resident of community; or c.) elected representative of low-income neighborhood organization. ☐ Yes ☐ No

- 5) Has the organization had a change in staff capacity since it was certified/recertified? ☐ Yes ☐ No
If yes, can current staff demonstrate capacity for carrying out HOME-funded activities? ☐ Yes ☐ No
If yes, describe capacity below:

If no, does the organization have a contract with a consultant to train appropriate staff members? ☐ Yes ☐ No

♦ If yes, describe the scope of work:

Applicant hereby certifies that it still meets all the criteria of 24 CFR 92.2 for being a state-certified CHDO.

Signature

Organization

Printed Name and Title

Date

**EXHIBIT 19: INDIANA HOUSING FINANCE AUTHORITY
AFFIRMATIVE MARKETING PROCEDURES AND CERTIFICATIONS
FOR HOME RECIPIENT AND SUBRECIPIENT**

(For HOME applicants for homebuyer, rental, and transitional housing doing 5 or more units only)

Recipients [e.g., unit of general local government, community housing development organization (CHDO), for-profit corporations, or non-CHDO non-profit organization] and subrecipients of HOME funds through IHFA for rental and homebuyer projects containing 5 or more HOME-assisted housing units under common ownership or developed by a single entity must use the following affirmative marketing practices in soliciting renters or buyers, determining their eligibility, and concluding all transactions.

These affirmative marketing procedures have been established to provide information and otherwise attract eligible persons in the housing market area to the available housing without regard to race, color, national origin, sex, religion, familial status, or disability. (These affirmative marketing procedures do not apply to families with tenant-based rental assistance provided with HOME funds.)

Each IHFA HOME recipient and subrecipient must certify to IHFA that they have adopted these affirmative marketing procedures and they will utilize them throughout the affordability period.

Where an owner fails to follow the affirmative marketing procedures, corrective actions shall include extensive outreach efforts to appropriate contacts or other sanctions IHFA may deem appropriate.

1. Advertising of vacant units must include the Equal Housing Opportunity logo or slogan or both. Advertising media may include, but is not limited to, newspapers, radio, television, brochures, leaflets, or an on-site sign.
2. Applications for vacant units must be solicited from persons in the housing market who are least likely to apply for the HOME assisted housing without the benefit of special outreach efforts. In general, persons who are not of the race/ethnicity of the residents of the neighborhood in which the HOME-assisted unit is located shall be considered those least likely to apply.

The local housing market must be analyzed to identify those persons who are least likely to apply and then specific marketing techniques must be formulated to reach the persons identified. Resources for this targeted outreach may include, but are not limited to, community organizations, places of worship, employment centers, fair housing groups, housing counseling agencies, and social service centers.

3. For rental projects only, the housing market must be re-assessed at least annually to determine persons who are least likely to apply for the housing.
4. Each year, the marketing techniques utilized in the previous year must be analyzed to determine effectiveness in reaching those persons identified. Based on the annual analysis, marketing efforts must be modified to increase participation from those persons identified as being least likely to apply for the housing.
5. A file documenting all marketing efforts (i.e., copies of newspapers ads, memos of phone calls, copies of letters, etc.) must be maintained throughout the affordability period and must be available for inspection by IHFA or HUD.
6. Each beneficiary of the HOME assistance must be given a fair housing brochure. Documentation of each beneficiary's receipt of the brochure must be maintained throughout the affordability period and must be available for inspection by IHFA or HUD.
7. A list must be maintained of all residents of HOME-assisted units from the time of application submittal through the end of the affordability period. This list must include each resident's age, race, sex, and income and must be available for inspection by IHFA or HUD.

I/We hereby certify to the Indiana Housing Finance Authority that the marketing of rental and homebuyer projects containing 5 or more HOME-assisted housing units under common ownership or developed by a single entity will be completed in accordance with IHFA's HOME Recipient and Subrecipient Affirmative Marketing Procedures and Certifications.

APPLICANT:

SUBRECIPIENT:

Applicant Name

Subrecipient Name

Chief Executive Officer Signature and Title

Chief Executive Officer Signature and Title

Chief Executive Officer Typed Name

Chief Executive Officer Typed Name

Date

Date

**EXHIBIT 20A: SAMPLE RESOLUTION FOR APPLICATION SUBMITTAL AND LEVERAGE FUNDS
(CDBG applications only)**

RESOLUTION NO. _____

RESOLUTION OF THE _____, INDIANA
[HEREAFTER REFERRED TO AS "APPLICANT"]
AUTHORING THE SUBMITTAL OF THE
COMMUNITY DEVELOPMENT BLOCK GRANT APPLICATION
TO THE INDIANA HOUSING FINANCE AUTHORITY
AND ADDRESSING RELATED MATTERS

WHEREAS, the Applicant recognizes the need to stimulate growth and to maintain affordable housing to benefit its citizens;

WHEREAS, the Housing and Community Development Act of 1974, as amended, allows the Indiana Housing Finance Authority to award grants to local units of government to meet the affordable housing and community development needs of low and moderate income persons; and

WHEREAS, the Applicant has conducted or will conduct a public hearing prior to the submission of an application to the Indiana Housing Finance Authority, to assess the housing, public facilities, and economic needs of low and moderate income residents.

NOW THEREFORE, BE IT RESOLVED by the Applicant that:

1. The Chief Elected Official (CEO) is authorized to prepare and submit an application on _____ (due date) for up to \$ _____ in Community Development Block Grant funding to address conditions relating to _____ in _____ (housing activity location), Indiana, and to execute and administer resultant grant including requisite general administration and housing activity management, contracts and agreements pursuant to regulations of the Indiana Housing Finance Authority and the United States Department of Housing and Urban Development.
2. Funds in the amount of _____ Dollars (\$_____) shall be and are set aside for this housing activity. Such commitment fulfills the minimum leverage requirement for the CDBG request and is to be contingent upon receipt of CDBG funding from the Indiana Housing Finance Authority. The anticipated source of this leverage is _____.

Adopted this _____ day of _____, 20____ at _____ ☐ a.m./ ☐ p.m.

Applicant

Chief Elected Officer

Typed Name and Title

Member

Typed Name and Title

Member

Typed Name and Title

Member

Typed Name and Title

Attest: _____

Typed Name and Title: _____

**EXHIBIT 20B: SAMPLE RESOLUTION FOR APPLICATION SUBMITTAL AND MATCH FUNDS
(HOME applications only)**

RESOLUTION NO. _____
RESOLUTION OF THE _____, INDIANA
[HEREAFTER REFERRED TO AS "APPLICANT"]
AUTHORIZING THE SUBMITTAL OF THE
HOME INVESTMENT PARTNERSHIPS PROGRAM APPLICATION
TO THE INDIANA HOUSING FINANCE AUTHORITY
AND ADDRESSING RELATED MATTERS

WHEREAS, the Applicant, recognizes the need to stimulate growth and to maintain affordable housing; and

WHEREAS, Title II of the Cranston Gonzales National Affordable Housing Act of 1990, as amended, authorizes the Indiana Housing Finance Authority to provide grants to meet the affordable housing and community development needs of low and moderate income persons.

NOW THEREFORE, BE IT RESOLVED by the Applicant, that:

1. The Chief Executive Officer (CEO) is authorized to prepare and submit an application on _____ (due date) for up to \$_____ in HOME Investment Partnerships Program funds to address conditions relating to _____ in _____ (housing activity location), Indiana and to execute and administer a resultant award including requisite general administration and housing activity management, contracts and agreements pursuant to regulations of the Indiana Housing Finance Authority and the United States Department of Housing and Urban Development.
2. Funds in the amount of _____ Dollars (\$_____) shall be and are set aside for this housing activity. Such commitment fulfills the minimum match requirement for the HOME request and is to be contingent upon receipt of HOME Investment Partnerships Program funds from the Indiana Housing Finance Authority. The anticipated source of matching funds is _____.

Adopted this _____ day of _____, 20____ at _____ ☐ a.m./☐ p.m.

Applicant

Chief Elected Officer

Typed Name and Title

Member

Typed Name and Title

Member

Typed Name and Title

Member

Typed Name and Title

Attest: _____

Typed Name and Title: _____

EXHIBIT 20C: INITIAL BORROWING RESOLUTION
(Low Income Housing Trust Fund applications only)
OF
_____ – [Hereafter referred to as “Corporation”]
(APPLICANT)

WHEREAS, the Corporation desires to borrow funds to be used in its programs and activities, according to its goals and objectives; and,

WHEREAS, the Indiana Housing Finance Authority (“IHFA”) has offered to lend to the Corporation money from the Low Income Housing Trust Fund (“Trust Fund”) according to the terms and conditions more particularly set forth in its application submitted by the Corporation; and

WHEREAS, the Corporation desires to borrow money from the Trust Fund, according to the terms and conditions contained in the loan agreement by and between IHFA and the Corporation.

NOW THEREFORE, BE IT RESOLVED THAT:

1. The Corporation be, and it hereby is authorized to submit a loan application on _____ (due date) to borrow up to \$ _____ from the Trust Fund according to the terms and conditions as are more particularly set forth in the Loan Agreement between IHFA and the Corporation, a copy of which will be attached hereto, made a part hereof and marked Exhibit “A,” pending IHFA loan approval, including, for purposes of illustration and not limitation, the granting of a mortgage and/or security interest in property of the Corporation to secure its borrowing; and
2. Funds in the amount of _____ Dollars (\$_____) shall be and are set aside for this housing activity. Such commitment fulfills the minimum match requirement for the Trust Fund request and is to be contingent upon receipt of the Trust Fund loan from the Indiana Housing Finance Authority. The anticipated source of matching funds is _____.

FURTHER RESOLVED, that the following officer(s) of the Corporation:

be, and they hereby are, authorized, empowered and directed to execute, acknowledge and deliver in the Corporation’s name and on its behalf any and all promissory notes, loan agreement documents, instruments or writings, as are necessary and/or as appropriate to consummate this borrowing and the granting of the security for such loan from the Trust Fund.

APPROVED AND ADOPTED, this _____ day of _____, 20_____, in _____, Indiana.

BORROWER: _____

Signed By: _____

Typed Name: _____

Title: _____

ATTEST: _____

TYPED NAME: _____

TITLE: _____

EXHIBIT 21A: COMMUNITY DEVELOPMENT BLOCK GRANT

INDIANA HOUSING FINANCE AUTHORITY ASSURANCES AND CERTIFICATION

The Applicant hereby represents and warrants that:

1. The information in this application is complete and accurate.
2. It possesses legal authority to apply for the grant, and to execute the proposed program.
3. Its governing body has duly adopted or passed as an official act a resolution, motion or similar action authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.
4. It has complied with all requirements of Executive Order 12372, and that either:
 - a. Any comments or recommendations made by or through clearinghouses are attached and have been considered prior to submission of the application; or
 - b. The required procedures have been followed and no comments or recommendations have been received prior to submission of the application.
5. It has facilitated or will facilitate citizen participation by:
 - a. Publishing a statement of proposed activities so that affected citizens have an opportunity to submit comments on the proposed activities and community development performance of the applicant;
 - b. Providing adequate notices for two or more public hearings, specifically to persons of low and moderate income;
 - c. Holding two or more public hearings on the proposed application at times and locations convenient to potential beneficiaries, convenient to the physically disabled, and meeting needs of non-English speaking residents, if appropriate, to obtain citizens' views before adoption of a resolution or similar action by the local governing body authorizing the filing of the application;
 - d. Providing citizens information concerning the amount of funds available for proposed community development activities and the range of those activities;
 - e. Providing citizens with information concerning the amount of funds that will benefit persons of low and moderate income;
 - f. Furnishing citizens with the plans made to minimize the displacement of persons and to assist persons actually displaced as a result of grant activities;
 - g. Providing technical assistance to groups representing persons of low and moderate income requesting such assistance in developing proposals;
 - h. Providing citizens with reasonable notice of substantial changes proposed in the use of grant funds and providing opportunity for public comment;
 - i. Providing citizens with reasonable access to records regarding the past use of CDBG funds received; and
 - j. Ensuring that any modifications or amendments of the program that are made from time to time will be made in accordance with the same procedures required in (d) for the preparation and submission of a statement of proposed activities.
6. It has developed a community development plan, which at a minimum,
 - a. identifies the applicant's community development needs and housing needs; and
 - b. specifies both the short-term and long-term community development objectives that have been developed in accordance with the primary objectives of 24 CFR Part 570.
7. The Community Development program has been developed to give maximum feasible priority to activities which will benefit low and moderate income families, or aid in the prevention or elimination of slums or blight.

[The requirement for this certification will not preclude the Indiana Housing Finance Authority from approving an application where the applicant certifies, and the Indiana Housing Finance Authority determines, that all or part of the Community Development Program activities are designed to meet other community development needs having a particular urgency as specifically explained in the application.]

EXHIBIT 21A: COMMUNITY DEVELOPMENT BLOCK GRANT

8. It will minimize displacement of persons and provide for reasonable benefits to any person involuntarily and permanently displaced as a result of activities associated with program funds.
9. It will not attempt to recover any capital costs of public improvements assisted in whole or part with CDBG funds by assessing any amount against properties owned and occupied by persons of low and moderate income including any fee charged or assessment made as a condition of obtaining access to such public improvements, unless (i) CDBG funds received are used to pay the proportion of such fee or assessment that relates to the capital costs of public improvements that are financed from revenue sources other than CDBG funds; or (ii) for purposes of assisting any amount against properties owned and occupied by persons of low and moderate income who are not persons of very low income, the grantee certified to the Secretary or such State, as the case may be, that it lacks sufficient funds received from the CDBG Program to comply with the requirements of clause.
10. It will comply with all requirements imposed by the State concerning special requirements of law, program requirements, and other administrative requirements approved in accordance with OMB Circular No. A-102, Revised, which includes a provision that program or project completion be no later than eighteen (18) months from project startup, inclusive of the bid process for professional and engineering services and program close-out.
11. The Applicant assures that both local and private project matching funds described in the application are available upon execution of the grant.
12. It will comply with:
 - a. Section 110 of the Housing and Community Development Act of 1974, as amended, by the Housing and Urban-Rural Recovery Act of 1983 and the Housing and Community Development Act of 1987, 24 CFR 570.603, and State regulation regarding the administration and enforcement of labor standards;
 - b. The provisions of the Davis-Bacon Act (46 U.S.C. 276a-5) which prescribe prevailing wage rates for construction trades for all projects except residential structures of less than 8 units;
 - c. Contract Work Hours and Safety Standards Act of 1962, 40 U.S.C. 327-332, requiring that mechanics and laborers (including watchmen and guards) employed on federally assisted contracts be paid wages of not less than one and one-half times their basic wage rates for all hours worked in excess of forty in a work-week;
 - d. Federal Fair Labor Standards Act, 29 U.S.C. 102, requiring that covered employees be paid at least the minimum prescribed wage, and also that they be paid one and one-half times their basic wage rate for all hours worked in excess of the prescribed work-week; and
 - e. Anti-kickback (Copeland) Act of 1934, 18 U.S.C. 874 and 40 U.S.C. 276c, which outlaws and prescribes penalties for "kickbacks" of wages in federally financed or assisted construction activities.
13. It will comply with:
 - a. Title VI of the Civil Rights Act of 1964 (Public Law 88-352. 42 UCS 2000d), which provides that no person in the United States shall on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant received Federal financial assistance. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which federal financial assistance is extended, or for another purpose involving the provision of similar services or benefits;
 - b. The Fair Housing Act (Public Law 90-284, 42 USC 3601-20) administering all programs and activities relating to housing and community development in a manner to affirmatively further fair housing in the sale or rental of housing, the financing of housing, and the provision of brokerage services;
 - c. Section 109 of Title I of the Housing and Community Development Act of 1987, as amended, and the regulations issued pursuant thereto (24 CFR 570.602), which prohibits any person from discrimination in the sale or rental of housing, the financing of housing, or the provision of brokerage services on the grounds of race, color, religion, sex, national origin, handicap or familial status.
 - d. Any prohibition against discrimination on the basis of age under the Age Discrimination Act of 1975 or with respect to otherwise qualified physically disabled individuals as provided in Section 504 of the Rehabilitation Act of 1973 shall also apply to any such program activity;

EXHIBIT 21A: COMMUNITY DEVELOPMENT BLOCK GRANT

- e. Executive Order 11063, as amended by Executive Order 12259 on equal opportunity in housing and non-discrimination in the sale or rental of housing built with Federal assistance, and requiring that programs and activities relating to housing and urban development be administered in a manner affirmatively to further the goals of Title VIII of the Civil Rights Act of 1968; and
 - f. Executive Order 11246 as amended by Executive Order 11375 and 12086, and the regulations issued pursuant thereto (24 CFR Part 130 and 41 Chapter 60 and the Indiana Code (I.C. 22-9-10), which provides that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal or federally assisted construction contracts. Contractors and subcontractors on Federal and federally assisted construction contract shall take affirmative action to insure fair treatment in employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation and selection for training and apprenticeship.
14. It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended, requiring that to the greatest extent feasible opportunities for training and employment be given to lower income residents of the project area and contracts for work in connection with the project be awarded to eligible business concerns which are located in, or owned in substantial part by, persons residing within the unit of local government.
15. It will comply with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, and Federal implementing regulation at 49 CFR Part 24, and the requirements of Section 570.496a and it is following a residential anti-displacement and relocation assistance plan under section 104(d) of Title I of the Housing & Community Development Act of 1974, as amended.
16. It will establish safeguards to prohibit employees from using positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business or other ties.
17. It will abide by the provision that no member, officer, or employee of the grantee or its designees or agents, no member of the governing body of the locality in which the program is situated, and no other public official of such locality or localities who exercise any functions or responsibilities with respect to the program during the tenure or for one year thereafter shall have any direct or indirect interest in any contractor, subcontractor, or the proceeds thereof, financed in whole or in part with Title I grants.
18. It will comply with the provisions of the Hatch Act which limits the political activity of employees.
19. It will give the State, IHFA, HUD and the Comptroller General, through any authorized representatives, access to and the right to examine all records, books, papers, or documents related to the grant.
20. Its chief executive officer or other officer of applicant approved by the Indiana Housing Finance Authority:
- a. Consents to assume the status of a responsible Federal official under the National Environmental Policy Act of 1969 (NEPA) (42 U.S.C. 4321) and other provisions of Federal law, as specified at 24 CFR 58.1 (a) (3) and (a) (4); and
 - b. Is authorized and consents on behalf of the applicant to accept the jurisdiction of the Federal courts for the purpose of enforcement of responsibilities as such an official.
21. It will comply with:
- a. The National Environmental Policy Act of 1969 (42 U.S.C. 4321) and 24 CFR 58, and in connection with its performance of environmental assessments under the National Environmental Policy Act of 1969, comply with Section 106 of the National Historic Preservation Act of 1966 (16 U.S.C. 470), Executive Order 11593, and the Preservation of Archaeological and Historical Data Act of 1966 (U.S.C. 469a-1) by:
 - i. Consulting with the State Historic Preservation Officer to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse affects (see 36 CFR 800.8) by the proposed activity; and
 - ii. Complying with all requirements established by the State and to avoid or mitigate adverse effects upon such properties.
 - b. Executive Order 11988, Floodplain Management;
 - c. Executive Order 11990, Protection of Wetlands;
 - d. The Endangered Species Act of 1973, as amended, (16 U.S.C. 1531);

EXHIBIT 21A: COMMUNITY DEVELOPMENT BLOCK GRANT

- e. The Fish and Wildlife Coordination Act of 1958, as amended, (16 U.S.C. 661);
 - f. The Wild and Scenic Rivers Act of 1968, as amended, (16 U.S.C. 300f);
 - g. The Safe Drinking Water Act of 1974, as amended, (42 U.S.C. 7401);
 - h. Section 401 (f) of the Lead-Based Paint Poisoning Prevention Act, as amended, (42 U.S.C. 4831 (b));
 - i. The Clean Air Act of 1970, as amended, (42 U.S.C. 7401);
 - j. The Federal Water Pollution Control Act of 1972, as amended, (33 U.S.C. 1251);
 - k. The Clean Water Act of 1977 (Public Law 95-217);
 - l. The Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act of 1976 (42 U.S.C. 6901); and
 - m. Section 202(a) of the Flood Disaster Protection Act of 1973 (42 U.S.C. 4106) as it relates to the mandatory purchase of Flood insurance for special flood hazard areas.
22. It will comply with all parts of Title I of the Housing and Community Development Act of 1974, as amended.
23. It will comply with the provisions of the Indiana Code (I.C.) 35-44-1-3 and 4.
24. It agrees to repay to the State of Indiana any funds under this program that, as the result of a HUD or State of Indiana authorized audit, are found to have been spent in an unauthorized manner or for unauthorized activities.
25. It certifies that none of the funds being applied for will be used to substitute for any local, state, federal or private dollars that have been committed to the project as proposed in this application.
26. It certifies that it has adopted and will enforce a policy of prohibiting the use of excessive force by law enforcement agencies within its jurisdiction against any individuals engaged in nonviolent civil rights demonstrations; and enforcing applicable State and local laws against physically barring entrance to or exit from a facility or location which is the subject of such non-violent civil rights demonstrations within its jurisdiction (section 104(1) of the Housing & Community Development Act of 1974, as amended).
27. It certifies that pursuant to 31 U.S.C. 1352, and any regulations promulgated thereunder:
- a. No federal appropriated funds have been paid or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of any Federal grant, the making of any Federal loan, the entering into of any cooperative, agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
 - b. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the proposed Federal contract, grant, loan, or cooperative agreement, the applicant shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
 - c. The applicant shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.
28. Applicant hereby authorizes IHFA and its successors, affiliates, agents and assigns to utilize in any manner and at any time, any photograph, picture or other medium (collectively "photographs") of the property covered by this Application, without limitation, in any and all matters, publications or endeavors, commercial or noncommercial, undertaken directly or indirectly by IHFA at any time on or after the date of this Application without any limitation whatsoever. Applicant understands that: (i) it is relinquishing any and all ownership rights in any such photograph, picture or medium to IHFA; and, (ii) it is relinquishing any and all legal rights that it may now or hereafter have to, directly or indirectly, challenge, question or otherwise terminate the use of the photograph by IHFA.

EXHIBIT 21A: COMMUNITY DEVELOPMENT BLOCK GRANT

**COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
ASSURANCES AND CERTIFICATIONS**

Legal Applicant: _____

BY:

Signature, Authorized Official

Name (typed or printed)

Title

Date

ATTESTED TO:

Signature

Name (typed or printed)

Title

Date

EXHIBIT 21B: HOME INVESTMENT PARTNERSHIPS PROGRAM

INDIANA HOUSING FINANCE AUTHORITY ASSURANCES AND CERTIFICATIONS

The Applicant hereby represents and warrants that:

1. The information in this application is complete and accurate.
2. It possesses legal authority to apply for and receive HOME funds.
3. Its governing body has duly adopted or passed as an official act a resolution, motion or similar action authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.
4. The Applicant agrees that the Indiana Housing Finance Authority may conduct its own independent review of the information herein and the attachments, and may verify information from any source.
5. The Applicant is under no administrative restrictions from federal, state or local sources.
6. The Applicant will comply with all state and federal requirements related to annual audits and the conflict of interest provisions of 24 CFR 92.356.
7. If applicable, it has complied with all requirements of Executive Order 12372, and that either:
 - a. Any comments or recommendations made by or through clearinghouses are attached and have been considered prior to submission of the application.
 - b. The required procedures have been followed and no comments or recommendations have been received prior to submission of the application.
8. No person in the United States shall on the grounds of race, color, national origin, religion, or sex be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or in part with HOME funds. In addition, HOME funds will be made available in accordance with the following:
 - a. The requirements of the Fair Housing Act (42 USC 3601-20 and implementing regulations at 24 CFR part 100; Executive Order 11063, as amended by Executive Order 12259 (3 CFR 1958-1963 Comp., p. 652 and 3 CFR, 1980 Comp., p. 307) (Equal Opportunity in Housing) and implementing regulations at 24 CFR part 107; and Title VI of the Civil Rights Act of 1964 (42 USC 2000d) (Nondiscrimination in Federally Assisted Programs) and implementing regulations issued at 24 CFR Part 1;
 - b. The prohibitions against discrimination on the basis of age under the Age Discrimination Act of 1975 (42 USC 6101-07) and implementing regulations at 24 CFR Part 146, and the prohibitions against discrimination against physically disabled individuals under section 504 of the Rehabilitation Act of 1973 (29 USC 794) and implementing regulations at 24 CFR Part 8;
 - c. The requirements of Executive Order 11246 (3 CFR 1964-65, Comp., p. 339) (Equal Employment Opportunity) and the implementing regulations issued at 41 CFR Chapter 60, and the Indiana Code (I.C. 22-9-1-10), which provide that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal or federally assisted construction contracts. Contractors and subcontractors on Federally assisted construction contracts shall take affirmative action to ensure fair treatment employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay other forms of compensation and selection from training and apprenticeship;
 - d. The requirements of Executive Orders 11625 and 12432 (concerning Minority Business Enterprise), and 12138 (concerning Women's Business Enterprise), by making efforts to encourage the use of minority and

EXHIBIT 21B: HOME INVESTMENT PARTNERSHIPS PROGRAM

women's business enterprises in connection with HOME-funded activities. It will follow procedures acceptable to HUD (consistent with 24 CFR 85.36(e)) to establish and oversee a minority outreach policy to ensure the inclusion, to the maximum extent possible, of minorities and women, and entities owned by minorities and women, in all contracts it enters into under this award.

- e. The requirements of Section 3 of the Housing and Urban Development Act of 1968 (12 USC 1701 (u)) the purpose of which is to ensure that the employment and other economic opportunities generated by Federal financial assistance for housing and community development programs shall, to the greatest extent feasible, be directed toward low-income persons, particularly those who are recipients of government assistance for housing.
9. It will adopt and maintain in effect at all times affirmative marketing procedures and requirements for HOME-assisted housing containing 5 or more housing units satisfying the requirements of 24 CFR 92.904(c).
10. It will at all times comply with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, and Federal implementing regulations at 49 CFR Part 24, and the requirements of section 104(d) of Title I of the Housing & Community Development Act of 1974, as amended.
11. To the extent required by 24 CFR 92.354, it will ensure that any contract for the construction (rehabilitation or new construction) of affordable housing with 12 or more units utilizing HOME funds contains a provision requiring that not less than prevailing wage rates predetermined pursuant to the Davis-Bacon Act (40 USC 276a-5) will be paid to all laborers and mechanics, and that all such contracts are also subject to the overtime provisions of the Contract Work Hours and Safety Standards Act (40 USC 327-332). It will require certification of compliance with these requirements before making any payment under construction contracts.
12. All housing assisted with HOME funds constitutes HUD-associated housing for the purposes of the Lead-based Paint Poisoning and Prevention Act (42 USC 4821, et. seq.) and is, therefore, subject to 24 CFR Part 35.
13. It will adopt and maintain procedures to ensure that any person who is an employee, agent, consultant, officer, or elected official or appointed official of the non-participation jurisdiction, state recipient, or subrecipient which are receiving HOME funds, who exercise or have exercised any functions or responsibilities with respect to activities assisted with HOME funds, or who are in a position to participate in a decision making process or gain inside information with regard to these activities, may obtain any contract, subcontract or agreement thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.
14. Neither the Applicant nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation from this transaction.
15. The Applicant shall comply with the requirements of the Flood Disaster Protection Act of 1973 (42 USC 4001-4128).
16. The Applicant will not request disbursement of funds under this agreement until the funds are needed for payment of eligible costs. The amount of each request will be limited to the amount needed.
17. Applicant will give IHFA, HUD, and the Comptroller General, through any authorized representatives, access to and the right to examine all records, books, papers, or documents related to its HOME-assisted activities.
18. In accordance with the HOME Investment Partnerships Act and with 24 CFR 92.150 of the HOME Investment Partnerships Program Regulations, the Applicant certifies that:
 - a. Before committing any funds to a project, it will evaluate the project in accordance with the guidelines that it adopts for this purpose and will not invest any more HOME funds, in combination with other federal assistance, than are necessary to provide affordable housing;
 - b. HOME funds will be used consistent with and pursuant to the State's Consolidated Plan approved by HUD, and all requirements of 24 CFR Part 92.

EXHIBIT 21B: HOME INVESTMENT PARTNERSHIPS PROGRAM

- c. No Federal appropriated funds have been or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan or cooperative agreement;
 - d. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, it will complete and submit Standard form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and
 - e. It will require that the language of paragraph (c) of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.
19. All housing assisted with HOME funds will meet the affordability requirements of 24 CFR 92.252 or 92.254, as applicable, and that Applicant will repay the HOME funds invested if the housing does not meet the affordability requirements for the specified period of time.
20. The Applicant will comply with the project requirements in Subpart F, 24 CFR 92.250 et seq., as applicable, in accordance with the type of project assisted.
21. Rental housing assisted with HOME funds will be maintained in compliance with applicable Housing Quality Standards and local housing code requirements for the duration of the affordability period.
22. Prior to the initial advance of the award, the Applicant shall have secured IHFA approval of the form of recordable instrument (the "Affordability Document") necessary to evidence and enforce the long-term affordability period applicable to each such project under 24 CFR 92.252 or 24 CFR 92.254. The Applicant shall ensure that the appropriate Affordability Document is timely executed by the project owner/recipient and duly placed of record in the office of the Recorder for the county in which the project is located.
23. A recipient that is subrecipient, or state recipient agrees to comply with applicable uniform administrative requirements, as described in 24 CFR section 92.505.
24. HOME funds will not be provided to primarily religious organizations, such as churches, for any activity including secular activities. HOME funds will not be used to rehabilitate or construct housing owned by primarily religious organizations or to assist primarily religious organizations in acquiring housing, except as set forth under 24 CFR section 92.257.
25. If the recipient under this agreement is a subrecipient, it will transfer to the Authority any HOME funds on hand and any account receivable to the use of HOME funds at the time of expiration of this Agreement.
26. If the recipient is a subrecipient or state recipient, suspension or termination may occur in accordance with 24 CFR 85.34, if the recipient materially fails to comply with any term of the agreement. This agreement may be terminated for convenience in accordance with 24 CFR 85.44.
27. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
- a. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

EXHIBIT 21B: HOME INVESTMENT PARTNERSHIPS PROGRAM

- b. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
 - c. The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “proposal,” and “voluntarily excluded,” as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. (A copy of these regulations may be obtained from IHFA.)
 - d. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
 - e. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled “Certification regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion -- Lower Tier Covered Transaction,” without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
 - f. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, declared ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals.
 - g. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
 - h. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension or debarment.
 - i. The prospective lower tier participant certifies, by submission of this proposal that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
 - ii. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.
28. Applicant hereby authorizes IHFA and its successors, affiliates, agents and assigns to utilize in any manner and at any time, any photograph, picture or other medium (collectively “photographs”) of the property covered by this Application, without limitation, in any and all matters, publications or endeavors, commercial or noncommercial, undertaken directly or indirectly by IHFA at any time on or after the date of this Application without any limitation whatsoever. Applicant understands that: (i) it is relinquishing any and all ownership rights in any such photograph, picture or medium to IHFA; and, (ii) it is relinquishing any and all legal rights that it may now or hereafter have to, directly or indirectly, challenge, question or otherwise terminate the use of the photograph by IHFA.

EXHIBIT 21B: HOME INVESTMENT PARTNERSHIPS PROGRAM

**HOME INVESTMENT PARTNERSHIPS PROGRAM (HOME)
ASSURANCES AND CERTIFICATIONS**

Legal Applicant: _____

by

Signature, Authorized Official

Name (typed or printed)

Title

Date

ATTESTED TO:

Signature

Name (typed or printed)

Title

Date

EXHIBIT 21C: LOW INCOME HOUSING TRUST FUND

INDIANA HOUSING FINANCE AUTHORITY ASSURANCES AND CERTIFICATIONS

The Applicant represents and warrants that it will comply with the following laws and regulations:

1. The Federal Civil Rights Act of 1968 (PL 90-284);
2. The Federal Fair Housing Amendments of 1988 (PL 100-430);
3. The Indiana Civil Rights Law (IC 22-9-1) (PL 69-1989, Section 4).
4. Executive Order 90-5, Drug-Free Workplace Certification; The Contractor/Grantee certifies that it will provide a drug-free workplace by:
 - a. Publishing and providing to all of its employees a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violations of such prohibition; and
 - b. Establishing a drug-free awareness program to inform employees about: (1) the dangers of drug abuse in the workplace; (2) the Contractor's policy of maintaining a drug-free workplace; (3) any available drug counseling, rehabilitation, and employee assistance programs; and (4) the penalties that may be imposed upon an employee for drug abuse violations occurring in the workplace;
 - c. Notifying all employees in the statement required by subparagraph: (a) above that as a condition of continued employment the employee will (1) abide by the terms of the statement; and (2) notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction;
 - d. Notifying in writing the contracting State Agency and the Indiana Department of Administration within ten (10) days after receiving notice from an employee under subdivision (c) (2) above, or otherwise receiving actual notice of such conviction;
 - e. Within thirty (30) days after receiving notice under subdivision (c) (2) above of a conviction, imposing the following sanctions or remedial measures on any employee who is convicted of drug abuse violations occurring in the workplace: (1) take appropriate personnel action against the employee, up to and including termination; or (2) require such employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State or local health, law enforcement, or other appropriate agency; and
 - f. Making a good faith effort to maintain a drug-free workplace through the implementation of subparagraphs (a) through (e) above.
5. Other laws, executive orders and policies that may from time to time be enacted.

The undersigned hereby acknowledges and agrees that:

1. This application form, provided by IHFA to applicants for funding, is provided only for the convenience of IHFA in reviewing reservation requests; completion hereof in no way guarantees eligibility for the funding or ensures that the amount of funding applied for has been computed in accordance with all applicable requirements; and that any notations herein describing requirements other than IHFA's are offered only as general guides and not as legal authority;
2. The undersigned is responsible for ensuring that the proposed development will be comprised of eligible activities; that it will in all respects satisfy all applicable requirements of federal tax laws and any other requirements imposed upon it by the IHFA; and that the IHFA has no responsibility that all or any of the funding allocated to the development may not be useable or may later be recaptured;
3. For purposes of reviewing this Application, IHFA is entitled to rely upon the representations of the undersigned as to the inclusion of costs in eligible basis and as to all of the figures and calculations relating to the determinations of basis for the development as a whole and for each building therein individually as well as the amounts and types of funding applicable thereto, and that the issuance of a reservation based on such representations in no way imposes any responsibility on the IHFA for their correctness or compliance with applicable requirements;

EXHIBIT 21C: LOW INCOME HOUSING TRUST FUND

4. IHFA may request or require changes in the information submitted herewith, may substitute its own figures which it deems reasonable for any or all figures provided herein by the undersigned and may reserve funding, if any, in an amount significantly different from the amount requested;
5. IHFA offers no advice, opinion or guarantee that the Applicant or the proposed development will ultimately qualify for or receive funding;
6. Awards of funding are not transferable without prior written consent of the IHFA;
7. If IHFA believes, in its sole discretion, that the Development will not be completed or that any condition set forth in the Application will not be satisfied within the required time period, or will become unsatisfied or will otherwise cause the Development to fail to qualify for funding, the Applicant agrees that IHFA may rescind and retrieve any funding allocated to the Applicant. The Applicant acknowledges that all terms, conditions, obligations and deadlines set forth in this Application constitute conditions precedent to any allocation of funding, and the Development's failure to comply with any of such terms and conditions shall entitle IHFA, in its sole discretion, to deem the allocation canceled by mutual consent. After any such cancellation, the Applicant acknowledges that neither it nor the Development will have any right to claim funding. IHFA reserves the right, in its sole discretion, to modify and/or waive any such failed condition precedent, so long as such waiver does not violate any applicable requirements relating to the Development;
8. The requirements for applying for the funding and the terms of any reservation or allocation thereof are subject to change at any time by federal or state law, federal, state or IHFA regulations, or other binding authority; and
9. Allocations may be made subject to certain conditions to be satisfied prior to allocation and shall in all cases be contingent upon the receipt of the required Application and applicable fees.

Further, the undersigned hereby represents and warrants that:

1. All factual information provided herein or in connection herewith is true, correct and complete, and all estimates are reasonable;
2. It shall promptly notify IHFA of any corrections or changes to the information submitted to IHFA in connection with this Application upon becoming aware of same;
3. It is responsible for all calculations and figures relating to the determination of the costs for any and all buildings and other improvements, and it understands and agrees that the amount of funding to be reserved and allocated has been calculated pursuant to and in reliance upon the representations made herein; and
4. It will at all times indemnify and hold harmless IHFA against all claims, losses, costs, damages, expenses and liabilities of any nature (including, without limitation, attorney fees and attorney fees to enforce the indemnity rights hereunder) directly or indirectly resulting from, arising out of or relating to IHFA's acceptance, consideration, approval or disapproval of this Application and the issuance or non-issuance of an allocation of credits in connection herewith.
5. Applicant hereby authorizes IHFA and its successors, affiliates, agents and assigns to utilize in any manner and at any time, any photograph, picture or other medium (collectively "photographs") of the property covered by this Application, without limitation, in any and all matters, publications or endeavors, commercial or noncommercial, undertaken directly or indirectly by IHFA at any time on or after the date of this Application without any limitation whatsoever. Applicant understands that: (i) it is relinquishing any and all ownership rights in any such photograph, picture or medium to IHFA; and, (ii) it is relinquishing any and all legal rights that it may now or hereafter have to, directly or indirectly, challenge, question or otherwise terminate the use of the photograph by IHFA.

EXHIBIT 21C: LOW INCOME HOUSING TRUST FUND

**INDIANA LOW INCOME HOUSING TRUST FUND (LIHTF)
ASSURANCES AND CERTIFICATIONS**

Legal Applicant: _____

BY:

Signature, Authorized Official

Name (typed or printed)

Title

Date

ATTESTED TO:

Signature

Name (typed or printed)

Title

Date